Department of Health Care Services

Medi-Cal Specialty Mental Health Services

November Estimate

Policy Change Supplement

For Fiscal Years
2015-16 and 2016-17

Table of Contents

Executive Summary 1
Medi-Cal Specialty Mental Health Service Descriptions 2
Litigation and the Specialty Mental Health Services Program....8
Children and Adults Cash Service Costs: May 2015 vs Nov 2015 Estimates
Cash Comparison: FY 2015-16 Children and Adults 9
Cash Comparison: FY 2015-16 HFP and Grand Totals....10
Children and Adult Cash Service Costs: Nov. 2015 Estimate for FY 2015-16 & FY 2016-17
Cash Comparison: FY 2015-16 and FY 2016-17 Est. Children and Adults....11
Cash Comparison: FY 2015-16 and FY 2016-17 Est. HFP and Grand Totals 12
Children Service Costs Accrual Comparison:
Fiscal Year 2012-13 Appropriation, May 2015 and Nov 2015 Estimates 13
Comparison of Fiscal Year 2015-16 May 2015 and Nov 2015 Estimates 14
Nov 2015 Estimate for Fiscal Year 2015-16 and FY 2016-17....15
Adult Service Costs Accrual Comparison:
Fiscal Year 2012-13 Appropriation, May 2015 and Nov 2015 Estimates 16
Comparison of Fiscal Year 2015-16 May 2015 and Nov 2015 Estimates 17
Nov 2015 Estimates: Comparison of Fiscal Years 2015-16 and 2016-17 18
Children's Table of Approved Claims Costs and Unduplicated Clients Counts....19
Children's Approved Claims and Claim Forecast 20
Unduplicated Clients and Client Forecasts....
All Medi-Cal Children Compared to Children Receiving Specialty Mental Health Services...21
Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service 22
Adults' Table of Approved Claim Costs and Unduplicated Client Counts 25
Adults' Approved Claims and Claims Forecast....26
Unduplicated Clients and Client Forecasts....27
Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service 28
About the Healthy Families Program....31
Healthy Families to Medi-Cal Transition....32
About Claim Lag 36
The Affordable Care Act and Specialty Mental Health Services 39
Table of Contents for Detailed Service Type Forecast and Utilizations 46
Children Services Section: Service Type Forecast and Utilizations....48
Adult Services Section: Service Type Forecast and Utilizations....135

Executive Summary

The Medi-Cal Specialty Mental Health Services (SMHS) Supplement is required by Welfare and Institutions Code, Section 14100.51, to be submitted to the Legislature each year, by January 10 and concurrently with the release of the May Revision. This supplemental information provides children's and adults' caseloads and FY 2016-17 forecasts by service type, explanations of changes to these forecasts, fiscal charts containing children's and adults' claim costs and unduplicated client counts, and summary fiscal charts for the current-year and budget-year.

Specialty Mental Health Services, PC 70 and 71

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be $1.759 billion for the current year and grow by 0.5% to $1.852 billion for budget year. The unduplicated number of children receiving specialty mental health services through Short-Doyle/Medi-Cal (SD/MC) providers is projected to grow 4.18% from 280,569 in the current year to 292,284 in the budget year. The unduplicated number of children receiving acute psychiatric inpatient hospital services through Fee-for-Service (FFS/MC) providers is projected to grow 6.44% from 14,040 in the current year to 14,944 in the budget year.

Growth for adult services is expected with a current year projection of $1.090 billion and forecasted growth to about $1.152 billion for budget year. The unduplicated number of adults receiving specialty mental health services through SD/MC providers is projected to increase 0.59% from 238,000 in the current year to 239,393 in the budget year. The unduplicated number of adults receiving acute psychiatric inpatient hospital services through FFS/MC hospitals is projected to decline 0.79% from 13,940 in the current year to 13,830 in the budget year. These numbers do not include claims from the Affordable Care Act (ACA) because claims are incomplete for a full fiscal year.

The SMHS Supplement contains data on the actual utilization of SMHS by Medi-Cal beneficiaries enrolled under the ACA Optional Expansion. The cost of approved claims for FY 2013-14 submitted through June 30, 2015 for specialty mental health services provided to Medi-Cal beneficiaries enrolled under the ACA Optional Expansion was $177 million, which was 13% of approved claims for all beneficiaries during that same period of time. The number of beneficiaries served in FY 2013-14 who enrolled under the ACA Optional Expansion was 69,171, which was 21% of total beneficiaries served during that same period of time.

Service Descriptions

Overview

The Medi-Cal Specialty Mental Health Services Program is “carved-out” of the broader Medi-Cal program and is also administered by the Department of Health Care Services (Department) under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS). The Department contracts with a Mental Health Plan (MHP) in each county to provide or arrange for the provision of Medi-Cal specialty mental health services. All MHPs are county mental health departments.

Specialty mental health services are Medi-Cal entitlement services for adults and children that meet medical necessity criteria, which consists of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. MHPs must certify that they incurred a cost before seeking federal reimbursement through claims to the State. MHPs are responsible for the non-federal share of Medi-Cal specialty mental health services. Mental health services for Medi-Cal beneficiaries who do not meet the criteria for specialty mental health services are provided under the broader Medi-Cal program either through managed care plans (by primary care providers within their scope of practice) or fee-for-service. Children’s specialty mental health services are provided under the federal requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, which is available to full-scope beneficiaries under age 21.

The following Medi-Cal specialty mental health services are provided for children and adults:

Services	Children	Adult
Adult Crisis Residential Services*	X	X
Adult Residential Treatment Services*	X	X
Crisis Intervention	X	X
Crisis Stabilization	X	X
Day Rehabilitation	X	X
Day Treatment Intensive	X	X
Intensive Care Coordination*	X	
Intensive Home Based Services*	X	
Medication Support	X	X
Psychiatric Health Facility Services	X	X
Psychiatric Inpatient Hospital Services	X	X
Targeted Case Management	X	X
Therapeutic Behavioral Services	X	
Therapy and Other Service Activities	X	X

*Includes Children Age 18 through 20

Service Descriptions

Adult Crisis Residential Services (CRS)

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Adult Residential Treatment Services

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Crisis Intervention

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

Crisis Stabilization

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Rehabilitation (Half-Day & Full-Day)

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Service Descriptions

Day Treatment Intensive (Half-Day & Full-Day)

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Intensive Care Coordination (ICC)

Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of – as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
- Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
- Supports the parent/caregiver in meeting their child/youth's needs;
- Helps establish the CFT and provides ongoing support; and
- Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community

Intensive Home Based Services (IHBS)

Intensive Home Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family's ability to help the child/youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the Core Practice Model (CPM) by the Child and Family Team (CFT) in coordination with the family's overall service plan which may include IHBS. Service

activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

Medication Support

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Psychiatric Health Facility (PHF) Services

A Psychiatric Health Facility is a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Inpatient Hospital".

Psychiatric Inpatient Hospital Services

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric inpatient hospital service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric inpatient hospital services are provided by SD/MC hospitals and FFS/MC hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Targeted Case Management (TCM)

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Therapeutic Behavioral Services (TBS)

Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Therapy and Other Service Activities (formerly referred to as Mental Health Services)

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral - A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan.

Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution and use of expenditures of each service activity varies over time with changes in client needs.

Litigation and the Specialty Mental Health Services Program

Katie A. v. Bonta

The Katie A. v. Bonta lawsuit Settlement Agreement – in place since December 2011 - outlines a series of actions that are intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a Core Practice Model (CPM) that creates a coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also specifies that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). County MHPs are required to provide ICC and, when medically necessary, IHBS services to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services. MHPs provide ICC and IHBS and claim federal reimbursement through the SDMC claiming system.

The Department's Mental Health Services Division (MHSD) Information Notice 13-11 instructed counties of the SDMC system changes required to support the implementation of ICC and IHBS which included submitting claims with a Demonstration Project Identifier (DPI) of "KTA" and procedure codes (T1017, HK) for Intensive Care Coordination and (H2015, HK) for Intensive Home Based Services.

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This May budget estimate contains actual claims data for ICC and IHBC claims received through December 31, 2014. At present there is not enough data to generate budget forecasts for ICC and IHBS services.

Emily Q. v. Bonta

In 1998, a federal class action lawsuit, Emily Q. v. Bonta was filed with the Federal District Court on behalf of children with intensive mental health needs and who were eligible for Medi-Cal mental health benefits, but were denied specific Therapeutic Behavioral Services (TBS). In 1999, the district court issued a preliminary injunction requiring that a certified state-wide class of current and future beneficiaries of the Medicaid program below the age of 21 in California who: are placed in a Rate Classification Level (RCL) facility of 12 or above and/or a locked treatment facility for the treatment of mental health needs; are being considered for placement in these facilities; or have undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months. In 2001, the district court issued a permanent injunction favoring the plaintiffs and in 2004, the court approved a plan to increase the usage of TBS including increased monitoring and a special master was appointed. Pursuant to the Court agreement, the Department continues to perform specific activities related to the Emily Q lawsuit.

TBS is a short-term, intensive one-to-one behavioral mental health intervention that can help children, youth, parents, caregivers, and school personnel learn new ways of reducing and managing challenging behaviors. TBS can avert the need for a higher level

of care (or more restrictive placement) or help a child make a successful transition to a lower level of care.

Department of Health Care Services | **Specialty Mental Health Services Program** | Specialty Mental Health Services
November 2015 Estimate | **Children and Adults Service Costs - Cash Comparison: FY 2015-16** | Policy Change Supplement

(In thousands)

Children

POLICY CHANGE			May 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	$ 43,095	$ 949,324	$ 41,899	$ 974,791	$ (1,196)	$ 25,467
Base	70	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ 194,949	$ -	$ 111,038	$ -	$ (83,911)
Regular	77	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ 36,192	$ -	$ 35,954	$ -	$ (238)
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ 42,520	$ -	$ 53,804	$ -	$ 11,284
Regular	198	OVER ONE-YEAR CLAIMS	$ -	$ 1,520	$ -	$ 1,520	$ -	$ -
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 1,642	$ (1,642)	$ 2,044	$ (2,044)	$ 402	$ (402)
Regular	79	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ (169)		$ (298)	$ -	$ (129)
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 14,282	$ (48,700)	$ 14,282	$ (48,700)	$ -	$ 0
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 49,579	$ -	$ 49,579	$ -	$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 9,826	$ -	$ 9,841	$ -	$ 15
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 64,738	$ -	$ 3,406	$ -	$ (61,332)
Other	11	SMH MAA	$ -	$ 10,084	$ -	$ 9,822	$ -	$ (262)
Other	9	COUNTY UR & QA ADMIN	$ 374	$ 10,402	$ 374	$ 10,424	$ (0)	$ 22
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 4,492	$ -	$ 346	$ -	$ (4,146)
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Total Children			**$ 59,393**	**$ 1,323,115**	**$ 58,599**	**$ 1,209,483**	**$ (794)**	**$ (113,632)**

Adults

POLICY CHANGE			May 2015 Est for FY 2015-16		Nov 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	70	SMHS FOR ADULTS	$ 68,885	$ 1,080,696	$ 70,411	$ 839,574	$ 1,526	$ (241,122)
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ 212,885	$ -	$ 121,253	$ -	$ (91,632)
Regular	77	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	198	OVER ONE-YEAR CLAIMS	$ -	$ 2,263	$ -	$ 2,263	$ -	$ (0)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 1,790	$ (1,790)	$ 2,368	$ (2,368)	$ 578	$ (578)
Regular	79	IMD ANCILLARY SERVICES	$ 4,000	$ (4,000)	$ 4,000	$ (4,000)	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ (477)	$ -	$ (840)	$ -	$ (363)
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 15,595	$ (53,180)	$ 15,595	$ (53,180)	$ -	$ 0
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 28,730	$ -	$ 28,730	$ -	$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 14,138	$ -	$ 14,159	$ -	$ 21
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 38,470	$ -	$ 103,331	$ -	$ 64,861
Other	11	SMH MAA	$ -	$ 6,099	$ -	$ 5,941	$ -	$ (158)
Other	9	COUNTY UR & QA ADMIN	$ 226	$ 6,292	$ 226	$ 6,305	$ 0	$ 13
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 5,066	$ -	$ 8,422	$ -	$ 3,356
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Total Adults			**$ 90,496**	**$ 1,335,192**	**$ 92,600**	**$ 1,069,590**	**$ 2,104**	**$ (265,602)**

(1) The SF amounts for PC 69 and PC 70 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

Department of Health Care Services | **Specialty Mental Health Services Program** | Specialty Mental Health Services
November 2015 Estimate | **Children and Adults Service Costs - Cash Comparison: FY 2015-16** | Policy Change Supplement

(In thousands)

Healthy Families Program

POLICY CHANGE			May 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	70	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	HEALTHY FAMILIES - SED	$ -	$ 5	$ -	$ 5	$ -	$ -
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	198	OVER ONE-YEAR CLAIMS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	79	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ (2,277)	$ -	($2,277)	$ -	$ 0
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 67	$ -	$ -	$ -	$ (67)
Other	11	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	9	COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ 790		$ 790
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ (2,205)**	$ -	**$ (1,482)**	**$ -**	**$ 723**

Grand Total

POLICY CHANGE			May 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	$ 43,095	$ 949,324	$ 41,899	$ 974,791	$ (1,196)	$ 25,467
Base	70	SMHS FOR ADULTS	$ 68,885	$ 1,080,696	$ 70,411	$ 839,574	$ 1,526	$ (241,122)
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ 407,834	$ -	$ 232,291	$ -	$ (175,543)
Regular	77	HEALTHY FAMILIES - SED	$ -	$ 5	$ -	$ 5	$ -	$ -
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ 36,192	$ -	$ 35,954	$ -	$ (238)
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ 42,520	$ -	$ 53,804	$ -	$ 11,284
Regular	198	OVER ONE-YEAR CLAIMS	$ -	$ 3,783	$ -	$ 3,783	$ -	$ (0)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 3,432	$ (3,432)	$ 4,412	$ (4,412)	$ 980	$ (980)
Regular	79	IMD ANCILLARY SERVICES	$ 4,000	$ (4,000)	$ 4,000	$ (4,000)	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ (646)	$ -	$ (1,138)	$ -	$ (492)
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 29,877	$ (104,157)	$ 29,877	$ (104,157)	$ -	$ 0
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 78,309	$ -	$ 78,309	$ -	$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 23,964	$ -	$ 24,000	$ -	$ 36
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 103,275	$ -	$ 106,737	$ -	$ 3,462
Other	11	SMH MAA	$ -	$ 16,183	$ -	$ 15,763	$ -	$ (420)
Other	9	COUNTY UR & QA ADMIN	$ 600	$ 16,694	$ 600	$ 16,729	$ -	$ 35
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 9,558	$ -	$ 9,558	$ -	$ -
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total			**$ 149,889**	**$ 2,656,102**	**$ 151,199**	**$ 2,277,591**	**$ 1,310**	**$ (378,511)**

(1) The SF amounts for PC 70 and PC 71 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

Department of Health Care Services | **Specialty Mental Health Services Program** | Specialty Mental Health Services

November 2015 Estimate | **Children and Adults Service Costs - Cash Comparison: FY 2015-16 vs FY 2016-17** | Policy Change Supplement

(In thousands)

Children

POLICY CHANGE			Nov. 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2016-17		DIFFERENCE	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	71	SMHS FOR CHILDREN	$ 41,899	$ 974,791	$ 44,167	$ 1,046,311	$ 2,268	$ 71,520
Base	70	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ 111,038	$ -	$ 92,633	$ -	$ (18,404)
Regular	77	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ 35,954	$ -	$ 35,364	$ -	$ (590)
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ 53,804	$ -	$ -	$ -	$ (53,804)
Regular	198	LATE CLAIMS FOR SMHS	$ -	$ 1,520	$ 792	$ 82	$ 792	$ (1,438)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 2,044	$ (2,044)	$ 125	$ (125)	$ (1,919)	$ 1,919
Regular	79	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ (298)	$ -	$ (239)	$ -	$ 59
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 14,282	$ (48,700)	$ -	$ -	$ (14,282)	$ 48,700
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 49,579	$ -	$ -	$ -	$ (49,579)
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 9,841	$ -	$ 10,477	$ -	$ 636
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ 208	$ 208	$ 208	$ 208
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 3,406	$ -	$ 3,724	$ -	$ 318
Other	11	SMH MAA	$ -	$ 9,822	$ -	$ 10,294	$ -	$ 472
Other	9	COUNTY UR & QA ADMIN	$ 374	$ 10,424	$ 134	$ 10,534	$ (240)	$ 110
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 346	$ -	$ -	$ -	$ (346)
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ 8,053	$ 8,053	$ 8,053	$ 8,053
Total Children			**$ 58,599**	**$ 1,209,483**	**$ 53,479**	**$ 1,217,316**	**$ (5,120)**	**$ 7,833**

Adults

POLICY CHANGE			Nov. 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2016-17		DIFFERENCE	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	70	SMHS FOR ADULTS	$ 70,411	$ 839,574	$ 77,056	$ 820,307	$ 6,645	$ (19,267)
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ 121,253	$ -	$ 82,911	$ -	$ (38,343)
Regular	77	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	198	LATE CLAIMS FOR SMHS	$ -	$ 2,263	$ 1,178	$ 123	$ 1,178	$ (2,140)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 2,368	$ (2,368)	$ 145	$ (145)	$ (2,223)	$ 2,223
Regular	79	IMD ANCILLARY SERVICES	$ 4,000	$ (4,000)	$ 4,000	$ (4,000)	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ (840)	$ -	$ (674)	$ -	$ 166
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 15,595	$ (53,180)	$ -	$ -	$ (15,595)	$ 53,180
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 28,730	$ -	$ -	$ -	$ (28,730)
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 14,159	$ -	$ 15,073	$ -	$ 914
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 103,331	$ -	$ 105,567	$ -	$ 2,236
Other	11	SMH MAA	$ -	$ 5,941	$ -	$ 6,227	$ -	$ 286
Other	9	COUNTY UR & QA ADMIN	$ 226	$ 6,305	$ 81	$ 6,371	$ (145)	$ 66
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 8,422	$ -	$ -	$ -	$ (8,422)
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ 3,821	$ 3,821	$ 3,821	$ 3,821
Total Adults			**$ 92,600**	**$ 1,069,590**	**$ 86,281**	**$ 1,035,581**	**$ (6,319)**	**$ (34,009)**

(1) The SF amounts for PC 70 and PC 71 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

Department of Health Care Services
November 2015 Estimate

Specialty Mental Health Services Program

Children and Adults Service Costs - Cash Comparison: FY 2015-16 vs. FY 2016-17

Specialty Mental Health Services
Policy Change Supplement

(In thousands)

Healthy Families Program

POLICY CHANGE			Nov. 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2016-17		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	70	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	HEALTHY FAMILIES - SED	$ -	$ 5	$ -	$ -	$ -	$ (5)
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	198	LATE CLAIMS FOR SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	79	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ (2,277)	$ -		$ -	$ 2,277
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ -	$ -		$ -	$ -
Other	11	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	9	COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 790	$ -	$ -	$ -	$ (790)
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ (1,482)**	**$ -**	**$ -**	**$ -**	**$ 1,482**

Grand Total

POLICY CHANGE			Nov. 2015 Est for FY 2015-16		Nov. 2015 Est for FY 2016-17		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	$ 41,899	$ 974,791	$ 44,167	$ 1,046,311	$ 2,268	$ 71,520
Base	70	SMHS FOR ADULTS	$ 70,411	$ 839,574	$ 77,056	$ 820,307	$ 6,645	$ (19,267)
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ 232,291	$ -	$ 175,544	$ -	$ (56,747)
Regular	77	HEALTHY FAMILIES - SED	$ -	$ 5	$ -	$ -	$ -	$ (5)
Regular	75	KATIE A. V. DIANA BONTA	$ -	$ 35,954	$ -	$ 35,364	$ -	$ (590)
Regular	74	TRANSITION OF HFP - SMH SERVICES	$ -	$ 53,804	$ -	$ -	$ -	$ (53,804)
Regular	198	LATE CLAIMS FOR SMHS	$ -	$ 3,783	$ 1,970	$ 205	$ 1,970	$ (3,578)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 4,412	$ (4,412)	$ 270	$ (270)	$ (4,142)	$ 4,142
Regular	79	IMD ANCILLARY SERVICES	$ 4,000	$ (4,000)	$ 4,000	$ (4,000)	$ -	$ -
Regular	80	CHART REVIEW	$ -	$ (1,138)	$ -	$ (913)	$ -	$ 225
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 29,877	$ (104,157)	$ -	$ -	$ (29,877)	$ 104,157
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 78,309	$ -	$ -	$ -	$ (78,309)
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 24,000	$ -	$ 25,550	$ -	$ 1,550
Regular	211	MHP COST FOR CHILDREN AND YOUTH IN FOSTER CARE	$ -	$ -	$ 208	$ 208	$ 208	$ 208
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 106,737	$ -	$ 109,291	$ -	$ 2,554
Other	11	SMH MAA	$ -	$ 15,763	$ -	$ 16,521	$ -	$ 758
Other	9	COUNTY UR & QA ADMIN	$ 600	$ 16,729	$ 215	$ 16,905	$ (385)	$ 176
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 9,558	$ -	$ -	$ -	$ (9,558)
Other	99	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ 11,874	$ 11,874	$ 11,874	$ 11,874
Grand Total			**$ 151,199**	**$ 2,277,591**	**$ 139,760**	**$ 2,252,897**	**$ (11,439)**	**$ (24,694)**

(1) The SF amounts for PC 69 and PC 70 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

Children's Service Costs Accrual Comparison

Fiscal Year 2012-13 Appropriation & Fiscal Year 2015-16 May 2015 and November 2015 Estimates

(In Thousands)

	TF		FFP		CF	
FISCAL YEAR 2012-13 APPROPRIATION						
Forecast of Approved Claims	$1,279,831		$639,915		$639,916	
Less County Baseline	($68,840)		$0		($68,840)	
Less 10% County Share of Cost Above Baseline	($30,854)		$0		($30,854)	
Subtotal Approved Claims		$1,180,137		$639,915		$540,222
Katie A. Lawsuit		$53,502		$26,751		$26,751
Healthy Families Program Transition to Medi-Cal		$49,304		$32,047		$17,257
Total Fiscal Year 2012-13 Appropriation		$1,282,943		$698,713		$584,230
MAY 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Policy Change 71 - SMHS for Children	$1,850,580		$959,112		$891,468	
Less FFS Inpatient	($89,543)		($46,530)		($43,013)	
Less Rates Elimination Adjustment(1)	($79,704)		($39,853)		($39,852)	
Policy Change 71 - Subtotal		$1,681,333		$872,730		$808,604
Policy Change 75 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 74 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2015-16 May 2015 Estimate		$1,815,997		$949,875		$866,122
NOV 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Policy Change 71 - SMHS for Children	$1,849,625		$924,813		$924,813	
Less FFS Inpatient	($90,622)		($45,311)		($45,311)	
Less Rates Elimination Adjustment(1)	($61,471)		($30,736)		($30,735)	
Policy Change 71 - Subtotal		$1,697,532		$848,766		$848,767
Policy Change 75 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 74 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2015-16 Nov 2015 Estimate		$1,832,196		$925,912		$906,285

(1) The rate elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Children's Service Costs Accrual Comparison
Fiscal Year 2015-16: May 2015 and Nov 2015 Estimates

(In Thousands)

	TF		FFP		CF	
MAY 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Policy Change 71 - SMHS for Children	$1,850,580		$959,112		$891,468	
Less FFS Inpatient	($89,543)		($46,530)		($43,013)	
Less Rates Elimination Adjustment(1)	($79,704)		($39,853)		($39,852)	
Policy Change 70 - Subtotal		$1,681,333		$872,730		$808,604
Policy Change 75 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 74 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2015-16 May 2015 Estimate		$1,815,997		$949,875		$866,122
NOV 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Policy Change 71 - SMHS for Children	$1,849,625		$924,813		$924,813	
Less FFS Inpatient	($90,622)		($45,311)		($45,311)	
Less Rates Elimination Adjustment(1)	($61,471)		($30,736)		($30,735)	
Policy Change 71 - Subtotal		$1,697,532		$848,766		$848,767
Policy Change 75 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 74 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2015-16 Nov 2015 Estimate		$1,832,196		$925,912		$906,285
DIFFERENCE (NOV 2015 ESTIMATE LESS MAY 2015 ESTIMATE)						
Policy Change 71 - SMHS for Children	($955)		($34,300)		$33,345	
Less FFS Inpatient	($1,079)		$1,219		($2,298)	
Less Rates Elimination Adjustment(1)	$18,233		$9,117		$9,117	
Policy Change 71 - Subtotal		$16,199		($23,964)		$40,164
Policy Change 75 - Katie A. v. Bontá		$0		$0		$0
Policy Change 74 - Transition of HFP - SMHS		$0		$1		($0)
Total Difference in Fiscal Year 2015-16 Estimates		$16,199		($23,963)		$40,163

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Children's Service Costs Accrual Comparison
November 2015 Estimate: Fiscal Year 2015-16 and Fiscal Year 2016-17

(In Thousands)

	TF		FFP		CF	
NOV 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Policy Change 71 - SMHS for Children	$1,849,625		$924,813		$924,813	
Less FFS Inpatient	($90,622)		($45,311)		($45,311)	
Less Rates Elimination Adjustment[1]	($61,471)		($30,736)		($30,735)	
Policy Change 71 - Subtotal		$1,697,532		$848,766		$848,767
Policy Change 75 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 74 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2015-16 November 2015 Estimate		$1,832,196		$925,912		$906,285
NOV 2015 ESTIMATE FOR FISCAL YEAR 2016-17						
Policy Change 71 - SMHS for Children	$1,949,254		$974,627		$974,627	
Less FFS Inpatient	($96,787)		($48,394)		($48,394)	
Less Rates Elimination Adjustment[1]	$0		$0		$0	
Policy Change 71 - Subtotal		$1,852,467		$926,234		$926,234
Policy Change 75 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 74 - Transition of HFP - SMHS		$0		$0		$0
Total Fiscal Year 2016-17 November 2015 Estimate		$1,921,701		$960,851		$960,851
DIFFERENCE (FISCAL YEAR 2016-17 LESS FISCAL YEAR 2015-16)						
Policy Change 71 - SMHS for Children	$99,629		$49,815		$49,815	
Less FFS Inpatient	($6,165)		($3,083)		($3,083)	
Less Rates Elimination Adjustment[1]	$61,471		$30,736		$30,735	
Policy Change 71 - Subtotal		$154,935		$77,468		$77,467
Policy Change 75 - Katie A. v. Bontá		$0		$0		$0
Policy Change 74 - Transition of HFP - SMHS		($65,430)		($42,529)		($22,901)
Year over year change between estimates		$89,505		$34,939		$54,566

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Adults Service Costs Accrual Comparison
Fiscal Year 2012-13 Appropriation & Fiscal Year 2015-16 May 2015 and November 2015 Estimates

(In Thousands)

	TF		FFP		CF	
FISCAL YEAR 2012-13 APPROPRIATION						
Mental Health Managed Care Program						
Mental Health Managed Care - Psychiatric Inpatient Services	$447,642		$226,092		$221,550	
Mental Health Managed Care - Mental Health Professional Services	$71,947		$36,121		$35,826	
TBS Administration	$912		$456		$456	
BCCTP	$60		$0		$60	
FY 2009-10 Budget Act Reduction	($128,000)		($64,000)		($64,000)	
Subtotal		$392,561		$198,669		$193,892
Other Short-Doyle/Medi-Cal Reimbursements						
Total Direct Service Forecast	$788,084		$394,042		$394,042	
Less Mental Health Managed Care Professional Services Reimbursement	($36,121)		($36,121)		$0	
Less Rates Elimination Adjustment(1)	$0		$0		$0	
Subtotal		$751,963		$357,921		$394,042
FY 2012-13 Appropriation		$1,144,524		$556,590		$587,934
MAY 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$89,543		$44,772		$44,772	
PC 70 - FFS Inpatient Adults	$138,679		$69,340		$69,339	
Psychiatric Inpatient Services - Subtotal	$228,222		$114,111		$114,110	
Subtotal		$228,222		$114,111		$114,110
Other Short-Doyle/Medi-Cal Reimbursements						
Total Direct Service Forecast - PC 70 Adults	$1,090,718		$493,691		$493,691	
Less Rates Elimination Adjustment(2)	($72,935)		($36,468)		($36,468)	
Subtotal		$1,017,783		$457,224		$457,224
MAY 2015 Estimate for Fiscal Year 2015-16		$1,246,005		$571,335		$571,334
NOV 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$90,622		$45,311		$45,311	
PC 70 - FFS Inpatient Adults	$142,074		$71,037		$71,037	
Psychiatric Inpatient Services - Subtotal	$232,696		$116,348		$116,348	
Subtotal		$232,696		$116,348		$116,348
Other Short-Doyle/Medi-Cal Reimbursements						
Total Direct Service Forecast - PC 70 Adults	$1,098,174		$549,087		$549,087	
Less Rates Elimination Adjustment(2)	($33,341)		($16,671)		($16,670)	
Subtotal		$1,064,833		$532,416		$532,417
NOV 2015 Estimate for Fiscal Year 2015-16		$1,297,529		$648,764		$648,765

(1) Claims for reimbursement were limited to statewide maximum allowance rates through service Fiscal Year 2011-12. Since May 2012 Estimate for the Fiscal Year 2012-13 appropriation was based upon claims data prior to Fiscal Year 2012-13, there is no SMA adjustment.

(2) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Adults Service Costs Accrual Comparison
Fiscal Year 2015-16: May 2015 and November 2015 Estimates

(In Thousands)

	TF		FFP		CF	
MAY 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$89,543		$44,772		$44,772	
PC 70 - FFS Inpatient Adults	$138,679		$69,340		$69,339	
Psychiatric Inpatient Services - Subtotal	$228,222		$114,111		$114,110	
Subtotal		$228,222		$114,111		$114,110
Other Short-Doyle/Medi-Cal Reimbursements						
PC 70 - SD/MC	$1,090,718		$493,691		$493,691	
Less Rates Elimination Adjustment(1)	($72,935)		($36,468)		($36,468)	
Subtotal		$1,017,783		$457,224		$457,224
May 2015 Estimate for Fiscal Year 2015-16		$1,246,005		$571,335		$571,334
NOV 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$90,622		$45,311		$45,311	
PC 70 - FFS Inpatient Adults	$142,074		$71,037		$71,037	
Psychiatric Inpatient Services - Subtotal	$232,696		$116,348		$116,348	
Subtotal		$232,696		$116,348		$116,348
Other Short-Doyle/Medi-Cal Reimbursements						
PC 70 - SD/MC - Adults	$1,098,174		$549,087		$549,087	
Less Rates Elimination Adjustment(1)	($33,341)		($16,671)		($16,670)	
Subtotal		$1,064,833		$532,416		$532,417
Nov. 2015 Estimate for Fiscal Year 2015-16		$1,297,529		$648,764		$648,765
DIFFERENCE (NOV 2015 ESTIMATE LESS MAY 2015 ESTIMATE)						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$1,079		$540		$540	
PC 70 - FFS Inpatient Adults	$3,395		$1,698		$1,698	
Psychiatric Inpatient Services - Subtotal	$4,474		$2,237		$2,238	
Subtotal		$4,474		$2,237		$2,238
Other Short-Doyle/Medi-Cal Reimbursements						
PC 70 - SD/MC - Adults	$7,456		$55,396		$55,396	
Less Rates Elimination Adjustment(1)	$39,594		$19,797		$19,798	
Subtotal		$47,050		$75,193		$75,194
Difference in Estimates for Fiscal Year 2015-16		$51,524		$77,430		$77,431

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Adults Service Costs Accrual Comparison
November 2015 Estimates: Fiscal Year 2015-16 and Fiscal Year 2016-17

(In Thousands)

	TF		FFP		CF	
NOV 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$90,622		$45,311		$45,311	
PC 70 - FFS Inpatient Adults	$142,074		$71,037		$71,037	
Psychiatric Inpatient Services - Subtotal	$232,696		$116,348		$116,348	
Subtotal		$232,696		$116,348		$116,348
Other Short-Doyle/Medi-Cal Reimbursements						
PC 70 - SD/MC - Adults	$1,098,174		$549,087		$549,087	
Less Rates Elimination Adjustment(1)	($33,341)		($16,671)		($16,670)	
Subtotal		$1,064,833		$532,416		$532,417
NOV. 2015 ESTIMATE FOR FISCAL YEAR 2015-16		$1,297,529		$648,764		$648,765
NOV 2015 ESTIMATE FOR FISCAL YEAR 2016-17						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$96,787		$48,394		$48,394	
PC 70 - FFS Inpatient Adults	$146,245		$73,123		$73,122	
Psychiatric Inpatient Services - Subtotal	$243,032		$121,517		$121,516	
Subtotal		$243,032		$121,517		$121,516
Other Short-Doyle/Medi-Cal Reimbursements						
PC 70 - SD/MC - Adults	$1,152,347		$576,174		$576,174	
Less Rates Elimination Adjustment(1)	($34,254)		($17,127)		($17,127)	
Subtotal		$1,118,093		$559,047		$559,047
Nov. 2015 Estimate for Fiscal Year 2016-17		$1,361,125		$680,563		$680,562
DIFFERENCE (FISCAL YEAR 2016-17 LESS FISCAL YEAR 2015-16)						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 71 - FFS Inpatient - Children	$6,165		$3,083		$3,083	
PC 70 - FFS Inpatient Adults	$4,171		$2,086		$2,086	
Psychiatric Inpatient Services - Subtotal	$10,336		$5,169		$5,168	
Subtotal		$10,336		$5,169		$5,168
Other Short-Doyle/Medi-Cal Reimbursements						
PC 70 - SD/MC - Adults	$54,173		$27,087		$27,087	
Less Rates Elimination Adjustment(1)	($913)		($456)		($457)	
Subtotal		$53,260		$26,631		$26,630
Year over year change Nov 2015 Estimate		$63,596		$31,799		$31,798

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

CHILDREN'S TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS

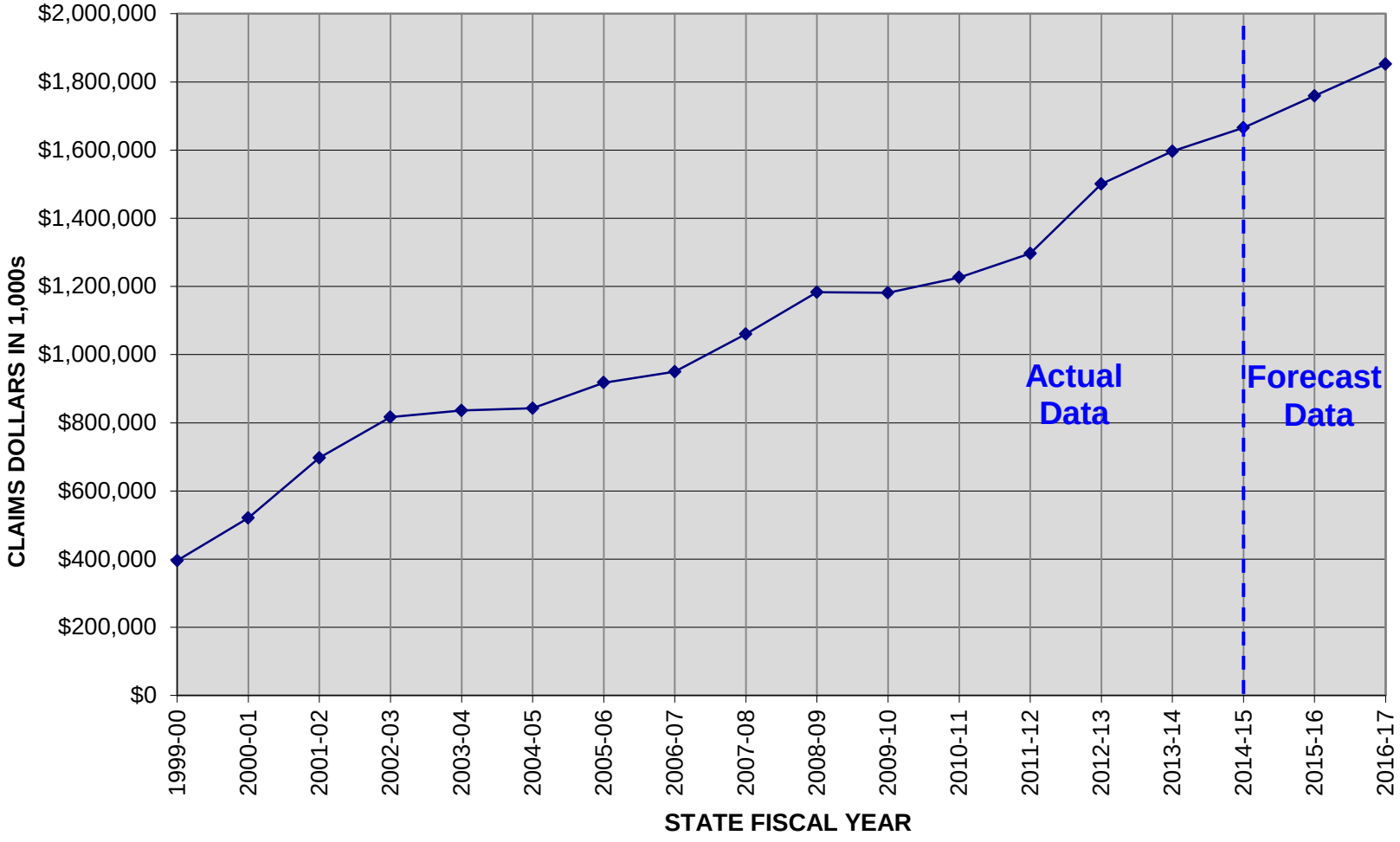
STATE FISCAL YEARS 2000-01 THROUGH 2015-16

DATA AS OF 6/30/2015 SD/MC Only Claims

	Fiscal Year	Approved Claims[1&3] (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Children Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Children Enrollment Growth	All Medi-Cal Children[2]
Actual	2000-01	$521,107	31.61%	140,404	8.04%	$3,711	21.81%		
Actual	2001-02	$697,155	33.78%	157,314	12.04%	$4,432	19.40%		
Actual	2002-03	$816,707	17.15%	173,201	10.10%	$4,715	6.40%		
Actual	2003-04	$836,210	2.39%	183,031	5.68%	$4,569	-3.11%		
Actual	2004-05	$842,542	0.76%	185,770	1.50%	$4,535	-0.73%		
Actual	2005-06	$917,545	8.90%	187,437	0.90%	$4,895	7.93%		3,467,311
Actual	2006-07	$949,907	3.53%	184,095	-1.78%	$5,160	5.41%	-0.91%	3,435,906
Actual	2007-08	$1,060,200	11.61%	192,925	4.80%	$5,495	6.50%	1.73%	3,495,318
Actual	2008-09	$1,182,833	11.57%	204,288	5.89%	$5,790	5.36%	3.89%	3,631,457
Actual	2009-10	$1,181,327	-0.13%	208,555	2.09%	$5,664	-2.17%	6.05%	3,851,248
Actual	2010-11	$1,226,320	3.81%	214,456	2.83%	$5,718	0.95%	3.36%	3,980,825
Actual	2011-12	$1,296,508	5.72%	227,954	6.29%	$5,688	-0.54%	1.11%	4,025,194
Actual	2012-13	$1,500,771	15.75%	245,215	7.57%	$6,120	7.61%	6.61%	4,291,248
Actual(4)	2013-14	$1,596,255	6.36%	261,401	6.60%	$6,107	-0.22%	18.66%	5,091,976
Forecast(5)	2014-15	$1,665,538	4.34%	268,852	2.85%	$6,195	1.45%	7.88%	5,493,101
Forecast	2015-16	$1,759,003	5.61%	280,569	4.36%	$6,269	1.20%		
Forecast	2016-17	$1,852,467	5.31%	292,284	4.18%	$6,338	1.09%		

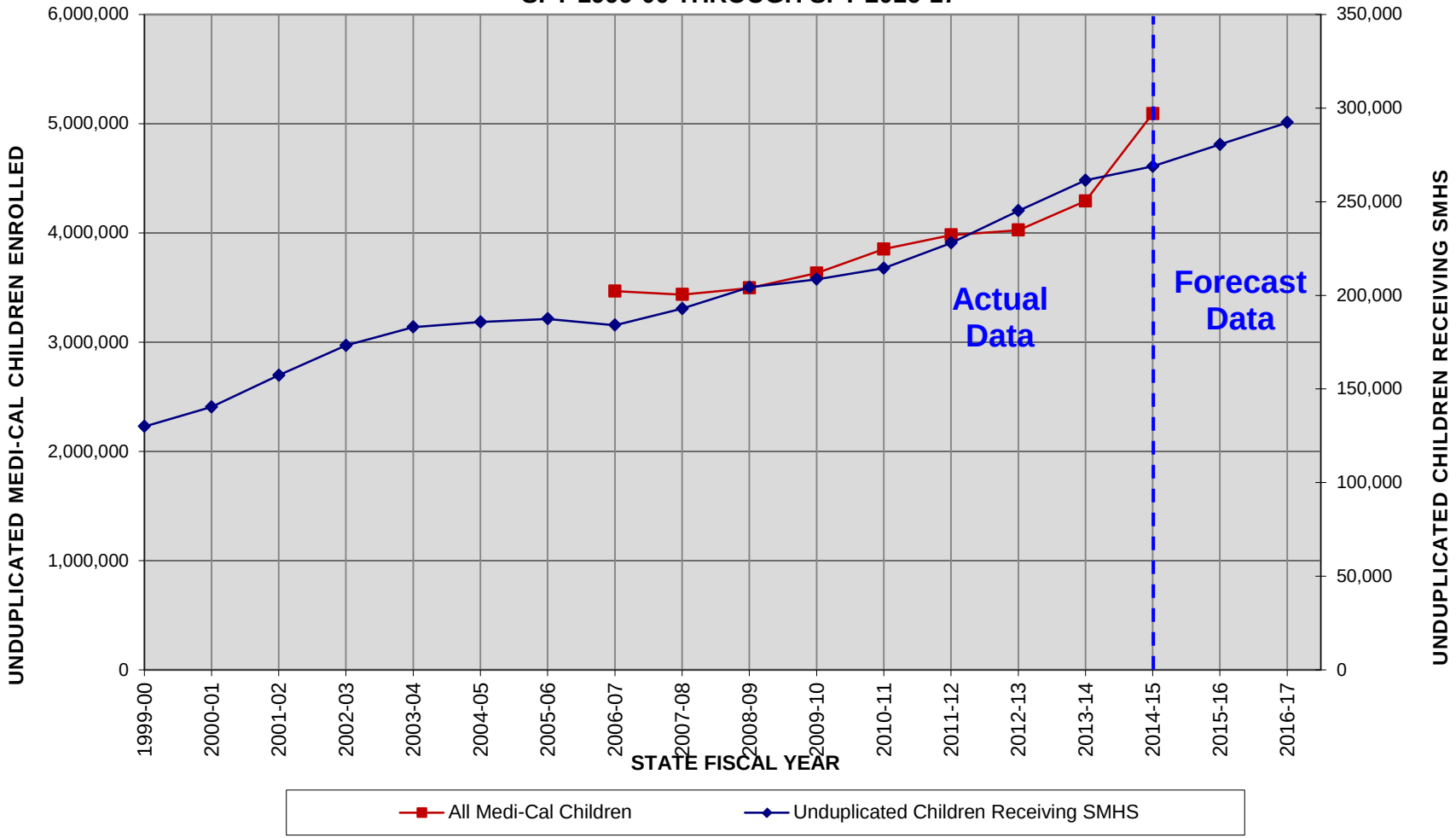
[1] Actual Approved Claims SD/MC Data for Specialty Mental Health as of June 30, 2015.
[2] Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year (years prior to 2005-06 not readily available).
[3] Beginning with the May 2013 Estimate, all children's services (except FFS/MC inpatient services) are included in this table of approved claims for FY 2008-09 and on.
[4] The large increase in Medi-Cal enrollments are due to the Healthy Family Program transition and new enrollment through Covered California.
[5] The increase in approved claims costs is due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011). Additionally, there is an increase in costs and client counts due to the transition of the Healthy Families Program to Medi-Cal beginning January 1, 2013, per AB 1494 (Statutes of 2012).

CHILDREN'S APPROVED CLAIMS AND CLAIMS FORECAST
SFY 1999-00 THROUGH SFY 2016-17



Source: Approved Claims, SD/MC Specialty Mental Health Services as of June 30, 2015

UNDUPLICATED CLIENTS AND CLIENT FORECASTS
All Medi-Cal Children Compared to Children Receiving Specialty Mental Health Services
SFY 1999-00 THROUGH SFY 2016-17



Source: Approved Claims, SD/MC Specialty Mental Health Services As of June 30, 2015

Children's Services Approved Claims Data

Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service

FY 2010-11 through FY 2013-14 utilizes actual data and SFY 2014-15 through 2016-17 utilizes actual and forecast data

*Actual claims data as of 6/30/2015

	Psychiatric Health Facility Services - SMA(1) $612.47				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	600	8,535	14	$547.05	$ 4,669,113
2011-12	627	8,326	13	$567.93	$ 4,728,582
2012-13	751	10,812	14	$560.96	$ 6,065,148
2013-14	778	11,248	14	$756.91	$ 8,513,707
2014-15	781	11,172	14	$849.01	$ 9,485,097
2015-16	819	11,836	14	$897.49	$ 10,622,729
2016-17	862	12,497	14	$941.05	$ 11,760,361
Change	5.25%	5.58%	0.32%	4.85%	10.71%

	Adult Crisis Residential Services - SMA(1) $345.38				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	203	3,174	16	$287.17	$ 911,478
2011-12	238	3,134	13	$292.18	$ 915,694
2012-13	257	4,910	19	$321.67	$ 1,579,389
2013-14	311	5,615	18	$325.57	$ 1,828,095
2014-15	303	6,025	20	$333.47	$ 2,009,161
2015-16	321	6,589	21	$338.86	$ 2,232,739
2016-17	343	7,153	21	$343.40	$ 2,456,320
Change	6.85%	8.56%	1.60%	1.34%	10.01%

	Adult Residential Services - SMA(1) $168.46				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	115	10,491	91	$155.52	$ 1,631,533
2011-12	98	6,937	71	$157.54	$ 1,092,880
2012-13	111	9,950	90	$161.64	$ 1,608,292
2013-14	102	10,470	103	$171.45	$ 1,795,052
2014-15	74	7,516	102	$179.60	$ 1,349,894
2015-16	61	6,547	107	$193.18	$ 1,264,737
2016-17	48	5,585	116	$211.21	$ 1,179,583
Change	-21.31%	-14.69%	8.41%	9.33%	-6.73%

	Crisis Stabilization Services - SMA(1) $94.54				
FY	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2010-11	6,384	86,057	13	$91.62	$ 7,884,457
2011-12	6,990	97,557	14	$90.30	$ 8,809,735
2012-13	8,472	130,358	15	$109.53	$ 14,278,738
2013-14	9,674	146,431	15	$101.77	$ 14,902,222
2014-15	11,651	181,128	16	$94.57	$ 17,129,080
2015-16	12,826	201,816	16	$94.78	$ 19,129,054
2016-17	13,996	222,502	16	$94.96	$ 21,129,031
Change	9.12%	10.25%	1.03%	0.19%	10.46%

	Day Treatment Intensive Half Day Services(2) - SMA(1) $144.13				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	228	23,151	102	$35.38	$ 819,123
2011-12	217	22,212	102	$106.57	$ 2,367,074
2012-13	52	236	5	$175.87	$ 41,506
2013-14	65	990	15	$335.80	$ 332,438
2014-15	-	-	0	$0.00	$ -
2015-16	-	-	0	$0.00	$ -
2016-17	-	-	0	$0.00	$ -
Change	0.00%	0.00%	0.00%	0.00%	0.00%

	Day Treatment Intensive Full Day Services - SMA(1) $202.43				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	2,369	225,274	95	$184.63	$ 41,591,508
2011-12	2,283	211,018	92	$186.32	$ 39,317,150
2012-13	1,902	170,897	90	$204.96	$ 35,027,540
2013-14	1,551	137,439	89	$223.54	$ 30,723,216
2014-15	614	62,134	101	$233.62	$ 14,515,663
2015-16	213	24,288	114	$338.08	$ 8,211,185
2016-17	322	49,074	152	$38.85	$ 1,906,705
Change	51.17%	102.05%	33.65%	-88.51%	-76.78%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - There were significantly fewer approved claims in FY's 2012-13, 13-14, and 14-15 for Day Treatment Intensive Half Day services.

Children's Services Approved Claims Data

Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service FY 2010-11 through FY 2013-14 utilizes actual data and SFY 2014-15 through 2016-17 utilizes actual and forecast data

*Actual claims data as of 6/30/2015

	Day Rehabilitative Half Day Services - SMA(1) $84.08					Day Rehabilitative Full Day Services - SMA(1) $131.24				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day(2)	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	127	14,239	112	$98.01	$ 1,395,605	1,478	116,242	79	$117.36	$ 13,641,791
2011-12	102	9,358	92	$96.67	$ 904,599	1,759	120,826	69	$118.93	$ 14,370,106
2012-13	70	6,059	87	$84.15	$ 509,853	1,932	144,001	75	$131.98	$ 19,005,324
2013-14	64	6,206	97	$83.99	$ 521,226	1,704	128,329	75	$137.66	$ 17,666,406
2014-15	173	6,272	36	$86.51	$ 542,576	1,291	118,515	92	$137.32	$ 16,274,488
2015-16	171	4,243	25	$87.17	$ 369,872	1,105	111,701	101	$143.58	$ 16,038,577
2016-17	167	2,213	13	$89.09	$ 197,161	916	104,890	115	$150.66	$ 15,802,664
Change	-2.34%	-47.84%	-46.59%	2.20%	-46.69%	-17.10%	-6.10%	13.28%	4.93%	-1.47%

	Targeted Case Management Services - SMA(1) $2.02					Therapy & Other Service Activities - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	Number of Clients	Number of Minutes(3)	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	90,139	39,929,939	443	$1.90	$ 76,049,716	199,759	377,120,364	1,888	$2.31	$ 870,418,200
2011-12	94,279	41,170,155	437	$1.84	$ 75,874,754	212,987	396,724,647	1,863	$2.35	$ 930,565,266
2012-13	95,987	37,758,792	393	$2.33	$ 88,130,671	230,371	413,668,209	1,796	$2.60	$ 1,075,120,362
2013-14	100,639	36,874,349	366	$2.32	$ 85,503,265	245,483	424,285,598	1,728	$2.64	$ 1,120,099,514
2014-15	100,603	36,924,303	367	$2.23	$ 82,317,869	251,589	428,808,846	1,704	$2.70	$ 1,157,416,005
2015-16	102,564	35,868,063	350	$2.31	$ 82,876,020	262,734	423,743,166	1,613	$2.88	$ 1,220,701,899
2016-17	104,529	34,811,824	333	$2.40	$ 83,434,168	273,881	418,677,486	1,529	$3.07	$ 1,283,987,791
Change	1.92%	-2.94%	-4.77%	3.73%	0.67%	4.24%	-1.20%	-5.22%	6.46%	5.18%

	Therapeutic Behavioral Services - SMA(1) $2.61					Medication Support Services - SMA(1) $4.82				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	6,424	38,535,607	5,999	$2.09	$ 80,379,357	70,304	22,819,622	325	$4.19	$ 95,677,029
2011-12	7,332	40,542,905	5,530	$2.15	$ 87,071,833	72,828	23,030,473	316	$4.26	$ 98,083,312
2012-13	7,990	41,830,100	5,235	$2.47	$ 103,451,558	77,077	23,609,547	306	$4.90	$ 115,689,093
2013-14	8,085	41,317,256	5,110	$2.46	$ 101,772,706	80,162	24,624,700	307	$5.00	$ 123,034,246
2014-15	8,560	41,799,784	4,883	$2.43	$ 101,771,510	80,456	25,288,051	314	$5.14	$ 130,046,117
2015-16	9,239	43,479,975	4,706	$2.49	$ 108,213,099	82,560	25,908,584	314	$5.30	$ 137,304,504
2016-17	9,915	45,160,167	4,555	$2.54	$ 114,654,693	84,666	26,529,122	313	$5.45	$ 144,562,893
Change	7.32%	3.86%	-3.22%	2.01%	5.95%	2.55%	2.40%	-0.15%	2.82%	5.29%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

Children's Services Approved Claims Data

Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service

FY 2010-11 through FY 2013-14 utilizes actual data and SFY 2014-15 through 2016-17 utilizes actual and forecast data

*Actual claims data as of 6/30/2015

	Crisis Intervention Services - SMA[1] $3.88				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	16,771	4,991,095	298	$3.76	$ 18,743,670
2011-12	16,895	5,163,785	306	$3.72	$ 19,206,325
2012-13	17,613	5,192,945	295	$4.49	$ 23,310,515
2013-14	19,130	5,847,925	306	$4.47	$ 26,133,890
2014-15	19,845	6,024,822	304	$4.57	$ 27,515,145
2015-16	20,476	6,290,630	307	$4.69	$ 29,503,349
2016-17	21,107	6,556,434	311	$4.80	$ 31,491,554
Change	3.08%	4.23%	1.11%	2.41%	6.74%

	Psychiatric Inpatient Hospital Services - SD/MC - SMA[1] $1,213.75				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	1,975	15,558	8	$803.89	$ 12,506,982
2011-12	2,009	15,833	8	$833.75	$ 13,200,712
2012-13	2,086	17,350	8	$950.81	$ 16,496,618
2013-14	2,061	17,721	9	$973.40	$ 17,249,709
2014-15	2,183	17,601	8	$960.48	$ 16,905,345
2015-16	2,248	17,613	8	$990.64	$ 17,448,182
2016-17	2,313	17,625	8	$1,020.77	$ 17,991,022
Change	2.89%	0.07%	-2.74%	3.04%	3.11%

	Psychiatric Inpatient Hospital Services - FFS/MC[2]				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	8,996	78,706	9	$702.97	$ 55,327,881
2011-12	8,896	82,536	9	$716.55	$ 59,141,553
2012-13	10,271	88,930	9	$720.53	$ 64,076,651
2013-14	11,882	102,546	9	$737.38	$ 75,615,290
2014-15	13,133	110,662	8	$763.20	$ 84,457,365
2015-16	14,040	117,252	8	$772.89	$ 90,622,403
2016-17	14,944	123,847	8	$781.51	$ 96,787,441
Change	6.44%	5.62%	-0.76%	1.12%	6.80%

	Intensive Care Coordination				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11					
2011-12					
2012-13	179	38,453	215	$2.75	$ 105,727
2013-14	6,713	9,614,164	1,432	$2.02	$ 19,403,757
2014-15	8,543	12,277,156	1,437	$2.03	$ 24,931,291
2015-16	N/A	N/A	N/A	N/A	N/A
2016-17	N/A	N/A	N/A	N/A	N/A
Change					

	Intensive Home Based Services				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11					
2011-12					
2012-13	110	90,869	826	$3.86	$ 351,085
2013-14	5,317	10,390,226	1,954	$2.59	$ 26,898,609
2014-15	6,430	13,575,635	2,111	$2.54	$ 34,479,206
2015-16	N/A	N/A	N/A	N/A	N/A
2016-17	N/A	N/A	N/A	N/A	N/A
Change					

ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS

2015-16 and 2016-17 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)

STATE FISCAL YEARS 2006-07 THROUGH 2016-17

DATA AS OF 6/30/2015 SD/MC Only Claims

	Fiscal Year	Approved Claims[1&3] (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Adults Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Adults' Enrollment Growth	All Medi-Cal Adults[2]
Actual	2006-07								3,078,495
Actual	2007-08								3,121,776
Actual	2008-09	$817,629		238,623		$3,426		1.39%	3,237,370
Actual	2009-10	$763,276	-6.65%	229,075	-4.00%	$3,332	-2.76%	3.57%	3,394,954
Actual	2010-11	$761,905	-0.17%	227,630	-0.63%	$3,347	0.46%	4.64%	3,523,766
Actual	2011-12	$794,006	4.21%	231,723	1.80%	$3,427	2.37%	3.66%	3,586,641
Actual[4]	2012-13	$947,612	19.35%	232,973	0.54%	$4,067	18.71%	1.75%	3,622,709
Weighted[5]	2013-14	$990,165	4.49%	234,770	0.77%	$4,218	3.69%	1.00%	4,552,529
Forecast	2014-15	$1,044,001	5.44%	236,608	0.78%	$4,412	4.62%	20.42%	6,635,365
Forecast	2015-16	$1,098,174	5.19%	238,000	0.59%	$4,614	4.57%	31.39%	
Forecast	2016-17	$1,152,347	4.93%	239,393	0.59%	$4,814	4.32%		

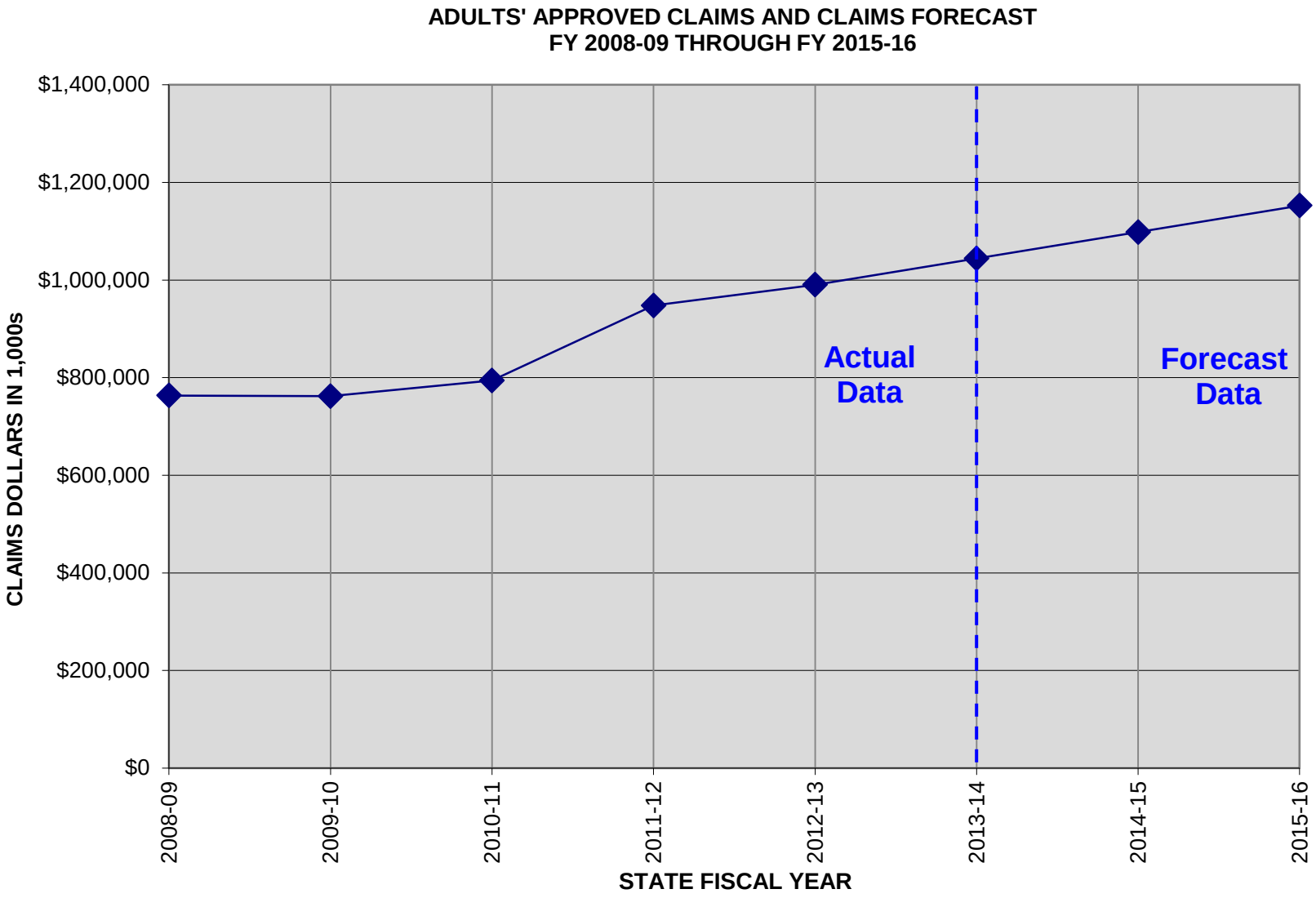
(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of June 30, 2015.

(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year.

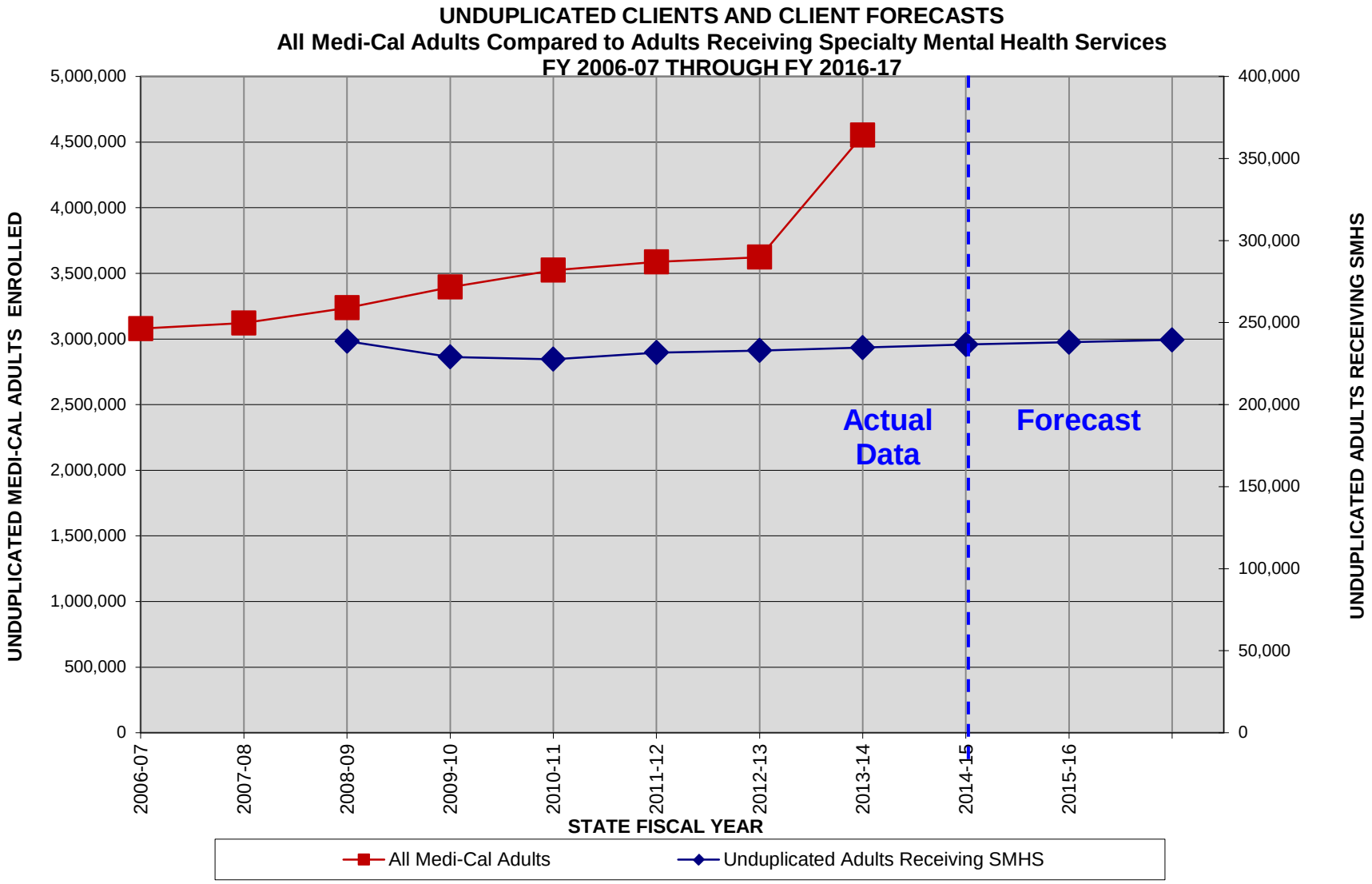
(3) FFS/MC inpatient service costs are not included in this table of approved claims.

(4) The increase in approved claims costs are due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011).

(5) Approved claims are slightly weighted as it is estimated that 90% of FY 13-14 claims have been approved.



Source: Approved Claims, SD/MC Specialty Mental Health Services as of June 30, 2015



Source: Approved Claims, SD/MC Specialty Mental Health Services as of June 30, 2015
Note: The unduplicated count of Medi-Cal adults includes ACA clients while counts of adults receiving SMHS does not include ACA clients.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data
FY 2014-15 through FY 2016-17 utilizes actual and forecast data
*Actual claims data as of 6/30/2015

	Psychiatric Health Facility Services - SMA(1) $612.47					Adult Crisis Residential Services - SMA(1) $345.38				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	2,400	27,462	11	$562.40	$ 15,444,737	3,699	67,599	18	$297.29	$ 20,096,471
2011-12	2,732	29,859	11	$582.60	$ 17,395,902	3,925	72,710	19	$305.22	$ 22,192,720
2012-13	2,900	37,871	13	$651.20	$ 24,661,613	4,083	78,270	19	$327.83	$ 25,659,512
2013-14	3,285	43,446	13	$736.96	$ 32,017,875	4,401	74,070	17	$334.74	$ 24,794,062
2014-15	3,526	45,668	13	$743.13	$ 33,937,441	4,477	75,613	17	$347.35	$ 26,264,328
2015-16	3,773	49,598	13	$762.55	$ 37,820,727	4,690	77,762	17	$356.63	$ 27,732,074
2016-17	4,018	53,528	13	$779.11	$ 41,704,012	4,897	79,911	16	$365.40	$ 29,199,822
Change	6.49%	7.9%	1.34%	2.17%	10.27%	4.41%	2.8%	-1.58%	2.46%	5.29%

	Adult Residential Services - SMA(1) $168.46					Crisis Stabilization Services - SMA(1) $94.54				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2010-11	1,155	96,672	84	$155.30	$ 15,013,032	20,517	412,574	20	$90.72	$ 37,428,446
2011-12	1,163	96,787	83	$157.41	$ 15,235,219	22,694	470,652	21	$92.40	$ 43,487,596
2012-13	1,177	102,307	87	$160.04	$ 16,373,504	24,099	556,276	23	$105.09	$ 58,458,598
2013-14	1,205	107,263	89	$173.15	$ 18,572,653	25,241	610,470	24	$108.86	$ 66,456,376
2014-15	1,307	107,974	83	$184.06	$ 19,873,517	29,365	734,552	25	$117.65	$ 86,416,785
2015-16	1,283	105,019	82	$192.42	$ 20,207,745	31,473	805,448	26	$120.08	$ 96,718,257
2016-17	1,259	102,057	81	$201.28	$ 20,541,972	33,582	876,345	26	$122.12	$ 107,019,729
Change	-1.87%	-2.8%	-0.97%	4.60%	1.65%	6.70%	8.8%	1.97%	1.70%	10.65%

	Day Treatment Intensive Half Day Services(2) - SMA(1) $144.13					Day Treatment Intensive Full Day Services(2) - SMA(1) $202.43				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11						53	2,724	51	$170.93	$ 465,618
2011-12						3	498	166	$177.90	$ 88,595
2012-13						3	271	90	$349.04	$ 94,590
2013-14						-	-	0	$0.00	$ -
2014-15						-	-	0	$0.00	$ -
2015-16						-	-	-	$0.00	$ -
2016-17						-	-	-	$0.00	$ -
Change						0.00%	0.0%	0.00%	0.00%	0.00%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

(1) There were no approved claims for adults receiving Day Treatment Intensive Half Day services. For Day Treatment Intensive Full Day services, there were no approved claims or forecast costs for FY 2014-15 and FY 15-16.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data
FY 2014-15 through FY 2016-17 utilizes actual and forecast data
*Actual claims data as of 6/30/2015

	Day Rehabilitative Half Day Services - SMA(1) $84.08					Day Rehabilitative Full Day Services - SMA(1) $131.24				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	213	8,431	40	$91.26	$ 769,431	1,159	77,179	67	$118.71	$ 9,162,148
2011-12	279	11,967	43	$91.36	$ 1,093,346	970	63,035	65	$129.42	$ 8,158,241
2012-13	216	9,130	42	$89.77	$ 819,605	834	47,927	57	$137.49	$ 6,589,660
2013-14	348	13,462	39	$99.63	$ 1,341,197	766	40,452	53	$150.98	$ 6,107,502
2014-15	485	24,766	51	$108.95	$ 2,698,154	518	23,513	45	$193.64	$ 4,553,000
2015-16	553	28,192	51	$110.18	$ 3,106,287	331	10,902	33	$316.80	$ 3,453,722
2016-17	616	31,617	51	$111.16	$ 3,514,422	149	7,432	50	$316.80	$ 2,354,446
Change	11.39%	12.1%	0.68%	0.88%	13.14%	-54.98%	-31.8%	51.44%	0.00%	-31.83%

	Targeted Case Management Services - SMA(1) $2.02					Therapy & Other Service Activities - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	97,276	45,648,296	469	$1.89	$ 86,490,569	160,894	163,713,310	1,018	$1.88	$ 307,568,478
2011-12	97,262	48,811,490	502	$1.74	$ 84,929,254	166,117	155,841,833	938	$2.09	$ 325,875,206
2012-13	96,353	42,662,383	443	$2.42	$ 103,241,640	171,559	144,242,225	841	$2.64	$ 380,854,518
2013-14	96,715	42,388,603	438	$2.42	$ 102,738,488	171,728	144,967,168	844	$2.68	$ 387,888,554
2014-15	95,831	41,834,828	437	$2.45	$ 102,299,156	166,334	140,514,795	845	$2.79	$ 391,709,696
2015-16	94,762	40,628,510	429	$2.57	$ 104,354,704	166,975	138,754,110	831	$2.95	$ 408,652,252
2016-17	93,693	39,422,192	421	$2.70	$ 106,410,246	167,614	136,993,426	817	$3.11	$ 425,594,803
Change	-1.13%	-3.0%	-1.86%	5.09%	1.97%	0.38%	-1.3%	-1.65%	5.48%	4.15%

	Medication Support Services - SMA(1) $4.82					Crisis Intervention Services - SMA(1) $3.88				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	161,831	52,528,997	325	$3.56	$ 187,244,631	31,309	7,061,875	226	$3.77	$ 26,649,639
2011-12	164,176	49,557,549	302	$3.90	$ 193,190,642	30,743	7,205,289	234	$3.77	$ 27,170,460
2012-13	164,035	46,312,454	282	$4.92	$ 227,665,543	29,033	6,841,079	236	$4.35	$ 29,781,623
2013-14	163,196	46,815,467	287	$5.06	$ 237,073,957	28,808	6,796,616	236	$4.35	$ 29,553,004
2014-15	163,603	45,487,229	278	$5.34	$ 242,736,363	29,452	6,839,589	232	$4.56	$ 31,195,479
2015-16	163,514	45,222,264	277	$5.59	$ 252,913,968	28,674	6,720,795	234	$4.74	$ 31,858,221
2016-17	163,422	44,957,294	275	$5.85	$ 263,091,573	27,898	6,602,004	237	$4.93	$ 32,520,964
Change	-0.06%	-0.6%	-0.53%	4.64%	4.02%	-2.71%	-1.8%	0.96%	3.92%	2.08%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data
FY 2014-15 through FY 2016-17 utilizes actual and forecast data
*Actual claims data as of 6/30/2015

	Psychiatric Inpatient Hospital Services - SD/MC - SMA[1] $1,213.75					Psychiatric Inpatient Hospital Services - FFS/MC[2]				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	6,086	72,217	12	$769.51	$ 55,571,421	14,717	201,747	14	$600.72	$ 121,192,957
2011-12	6,222	68,775	11	$802.67	$ 55,203,798	14,216	210,866	15	$623.59	$ 131,494,115
2012-13	6,263	66,400	11	$1,106.85	$ 73,494,544	15,002	219,641	15	$655.22	$ 143,912,206
2013-14	6,109	66,607	11	$1,253.98	$ 83,523,881	13,859	197,577	14	$682.31	$ 134,808,167
2014-15	6,610	75,814	11	$1,358.99	$ 103,030,245	14,049	196,510	14	$705.52	$ 138,642,658
2015-16	6,677	76,378	11	$1,470.48	$ 112,312,038	13,940	195,063	14	$732.87	$ 142,955,637
2016-17	6,742	76,941	11	$1,580.35	$ 121,593,825	13,830	193,619	14	$760.61	$ 147,268,617
Change	0.97%	0.7%	-0.23%	7.47%	8.26%	-0.79%	-0.7%	0.05%	3.79%	3.02%

About the Healthy Families Program

The Healthy Families Program (HFP) provided low cost insurance coverage for health, dental, and vision services to children who did not have insurance and did not qualify for no-cost Medi-Cal. Due to a change in State law; children who were enrolled in the HFP have been transitioned into Medi-Cal beginning January 1, 2013. The last HFP claims were approved in January 2014.

About the Healthy Families Program (HFP) Transition to Medi-Cal

Pursuant to Assembly Bill (AB) 1494, (Committee on Budget, Chapter 28, Statutes of 2012), all Healthy Families Program (HFP) enrollees transitioned to Medi-Cal as targeted low-income Medicaid children, as allowed under federal law, beginning January 1, 2013. The transition of approximately 875,000 HFP enrollees was implemented in four separate phases over the course of one year and in a manner that was intended to minimize disruptions in services, maintain adequate provider networks, and ensure access to care. Each Phase required an implementation plan, including information on health and dental plan network adequacy, continuity of care, eligibility and enrollment requirements, consumer protections, and family notifications.

Healthy Families to Medi-Cal Transition
Specialty Mental Health Service Utilization
Data as of March 19, 2015 (SDMC Services) and March 27, 2015 (Psychiatric Inpatient - FFS/MC)

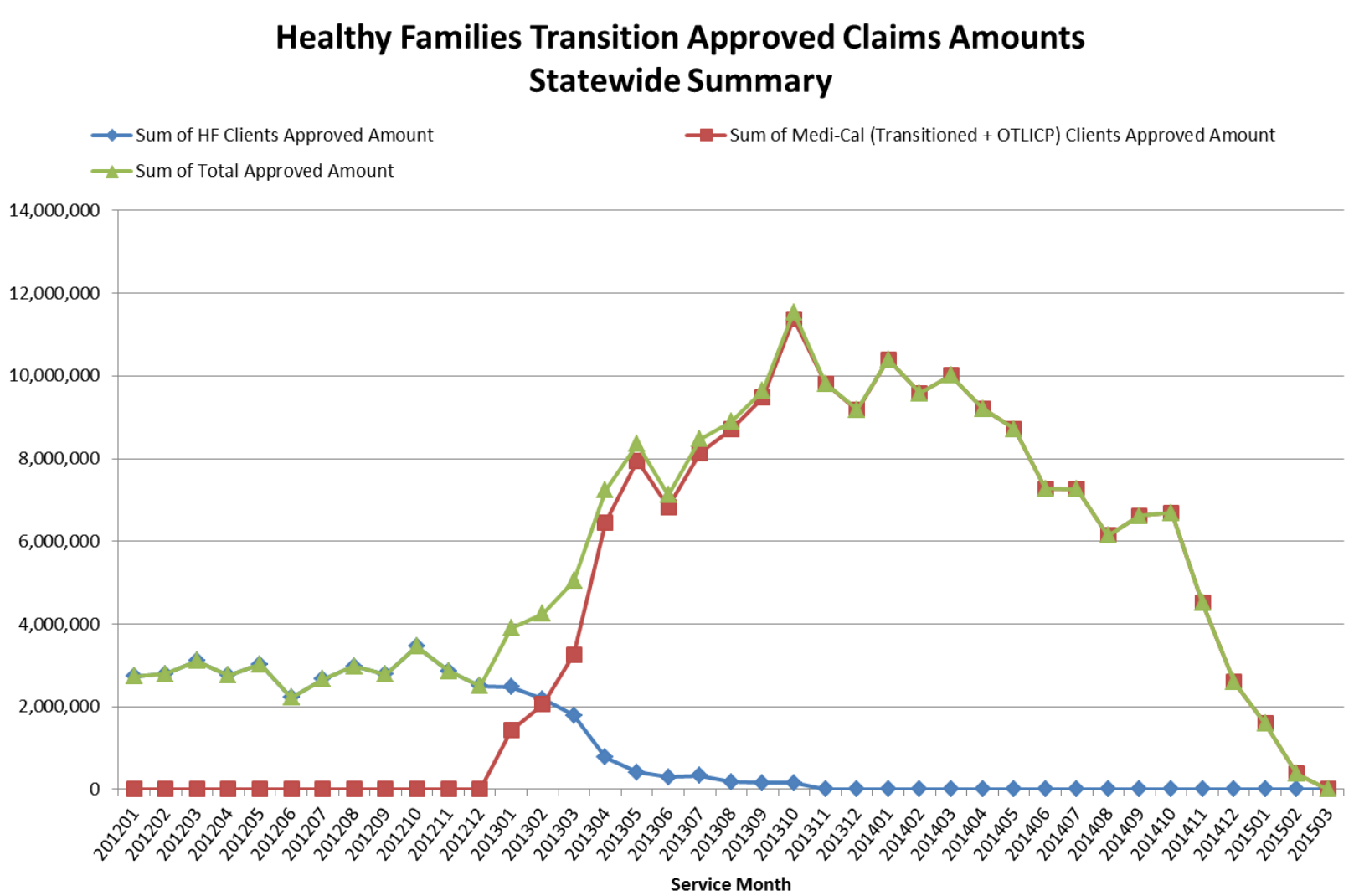
	FY 2011-2012 (HFP Only)		FY 2012-2013 (HFP, Transitioned, and OTLICP)		FY 2013-2014 (HFP, Transitioned, and OTLICP)	
Service Type	**Total Costs**	**Total Clients**	**Total Costs [2]**	**Total Clients**	**Total Costs**	**Total Clients**
All SDMC Services Combined [1]	*$31,714,351*	*7,666*	*$53,161,928*	*16,265*	*$112,724,690*	*27,140*
Adult Residential Treatment Services	*$4,368*	*1*	*$2,941*	*1*	*$0*	*0*
Case Management/Brokerage	$1,901,645	3,259	$3,179,178	4,898	$5,931,647	8,758
Crisis Intervention	$573,727	588	$1,429,249	1,132	$2,324,823	1,799
Crisis Residential Treatment Services	$16,094	3	$0	0	$39,415	11
Crisis Stabilization	$142,897	122	$609,465	427	$1,145,971	894
Day Rehabilitation	$259,759	34	$251,013	43	$384,085	68
Day Treatment Intensive	$610,911	47	$787,549	64	$1,440,999	68
Hospital Inpatient	$0	0	$385,394	77	$1,024,464	187
Hospital Inpatient Admin Day	$0	0	$3,051	1	$1,251	2
Medication Support Services	$3,433,466	2,580	$5,591,066	4,680	$10,349,221	7,981
Therapy and Other Service Activities	$24,692,906	7,119	$40,760,607	15,187	$89,582,197	25,550
Psychiatric Health Facility	$78,578	14	$162,415	36	$500,617	71
Psychiatric Inpatient - FFS/MC	*$0*	-	*$855,407*	*215*	*$6,942,633*	*1,259*
SDMC Services Cost Per Client	$4,137		$3,268		$4,153	

[1] Unique Client Count for All SDMC Services Combined is not the sum of the individual service because it is an unduplicated count, and a single client may have received multiple types of Specialty Mental Health services during the year. SDMC Services include all listed services *except* Psychiatric Inpatient - FFS/MC.

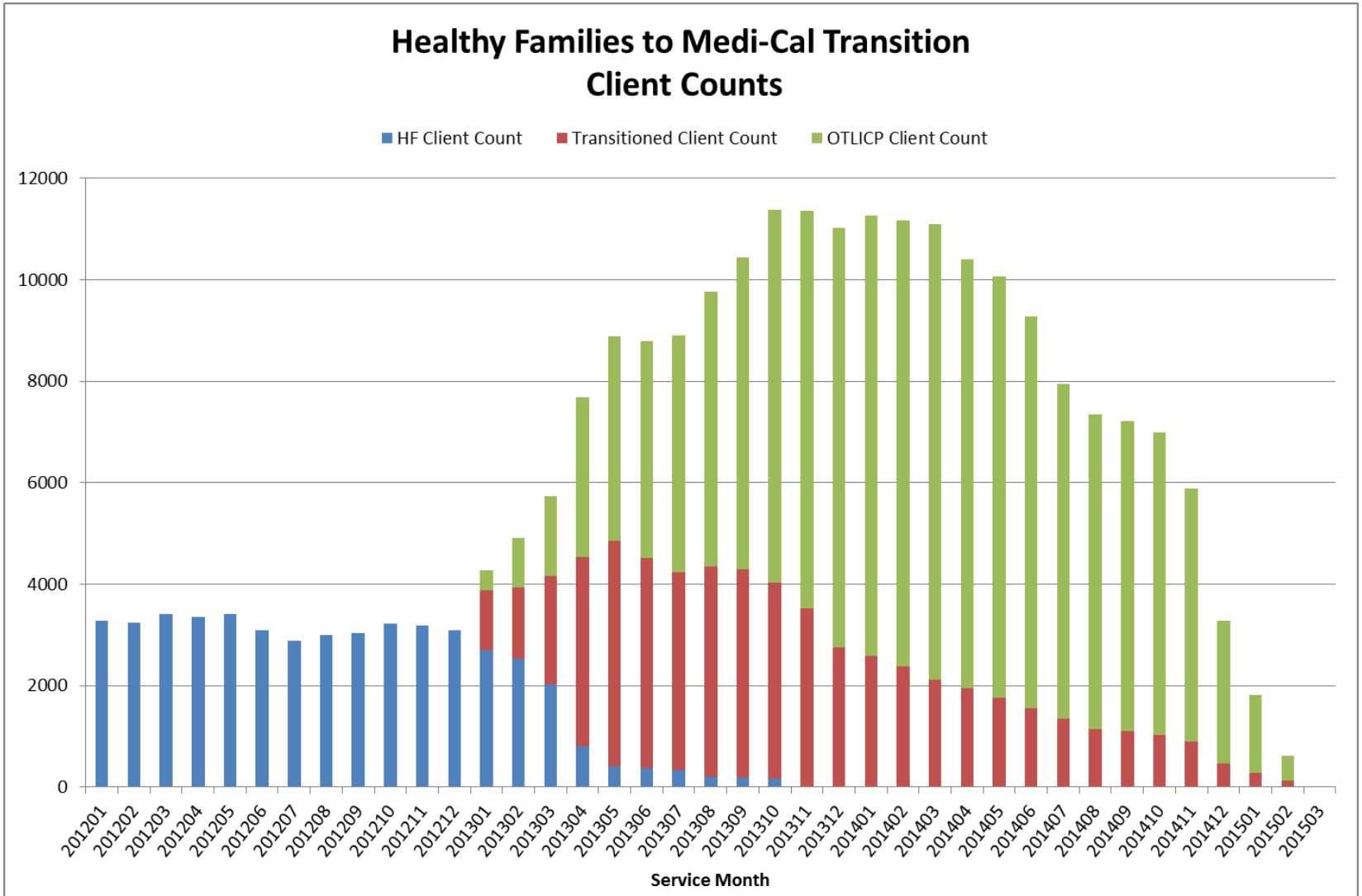
[2] The total costs have not been adjusted to reflect the impact of the elimination of the maximum rates on July 1, 2012, per AB 1297. When comparing the total costs in FY 2012-13 to FY 2011-12, there may be an increase in total cost per client due to the elimination of the maximum rates.

Healthy Families to Medi-Cal Transition:
New Clients, Total Costs, and Costs per new Client
Data as of March 27, 2015

	SDMC Services		Psychiatric Inpatient - FFS/MC	
	FY 12-13 To Date	**FY 13-14 To Date**	**FY 12-13 To Date**	**FY 13-14 To Date**
New EPSDT Medi-Cal clients as result of HF transition	12,660	26,836	215	1,259
Costs per new client	$2,208	$3,896	$3,979	$5,514
Total new costs as result of HF Transition	$27,951,523	$104,565,400	*$855,407*	*$6,942,633*



Note: Claims data is as of March 19, 2015 and is comprised of only SDMC claims. Due to the lag in claim submissions, data in more recent months is incomplete and therefore only represents a percentage of the claims that will come from services rendered in those months.

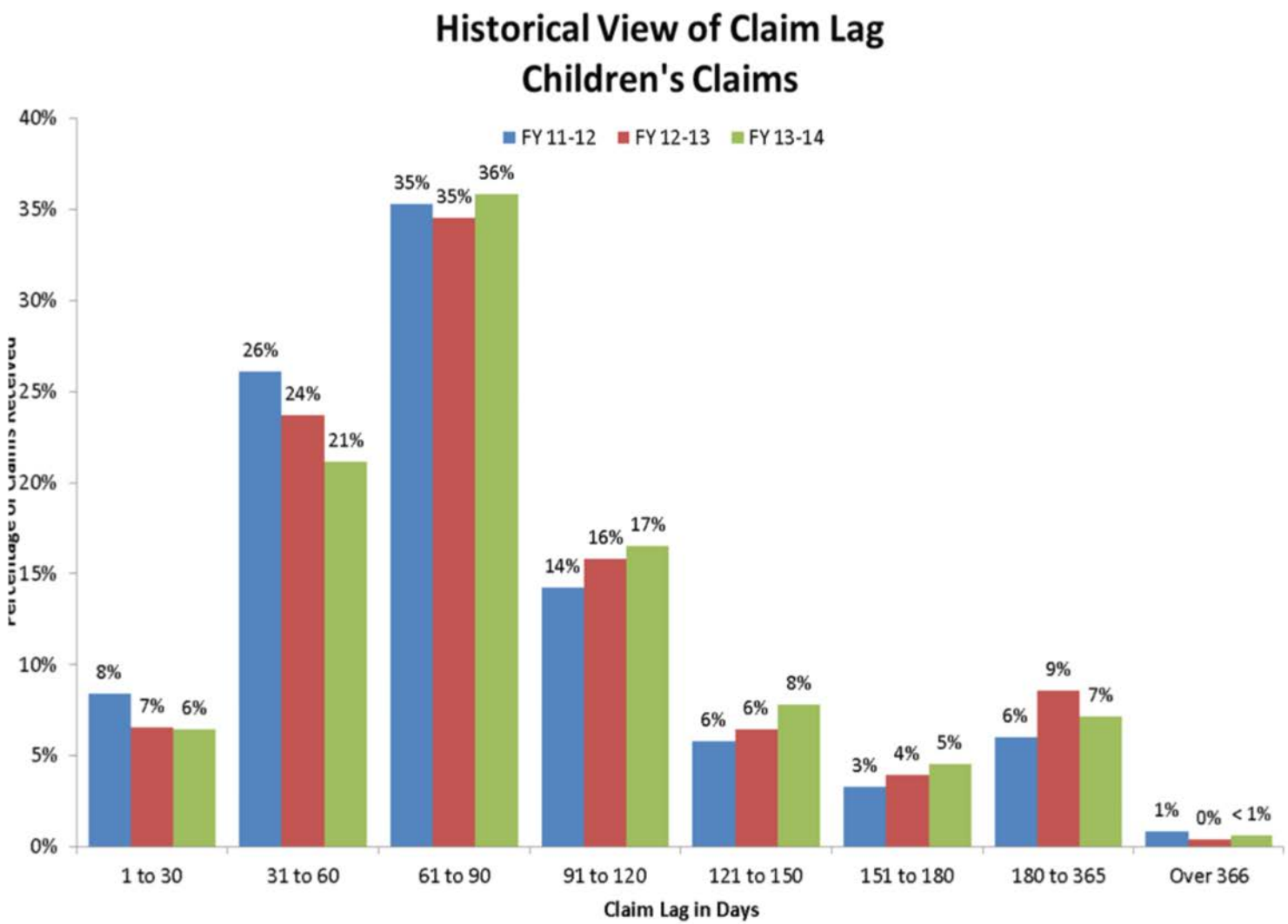


Note: Claims data is as of March 19, 2015 and is comprised of only SDMC claims. Due to the lag in claim submissions, data in more recent months is incomplete and therefore only represents a percentage of the claims that will come from services rendered in those months.

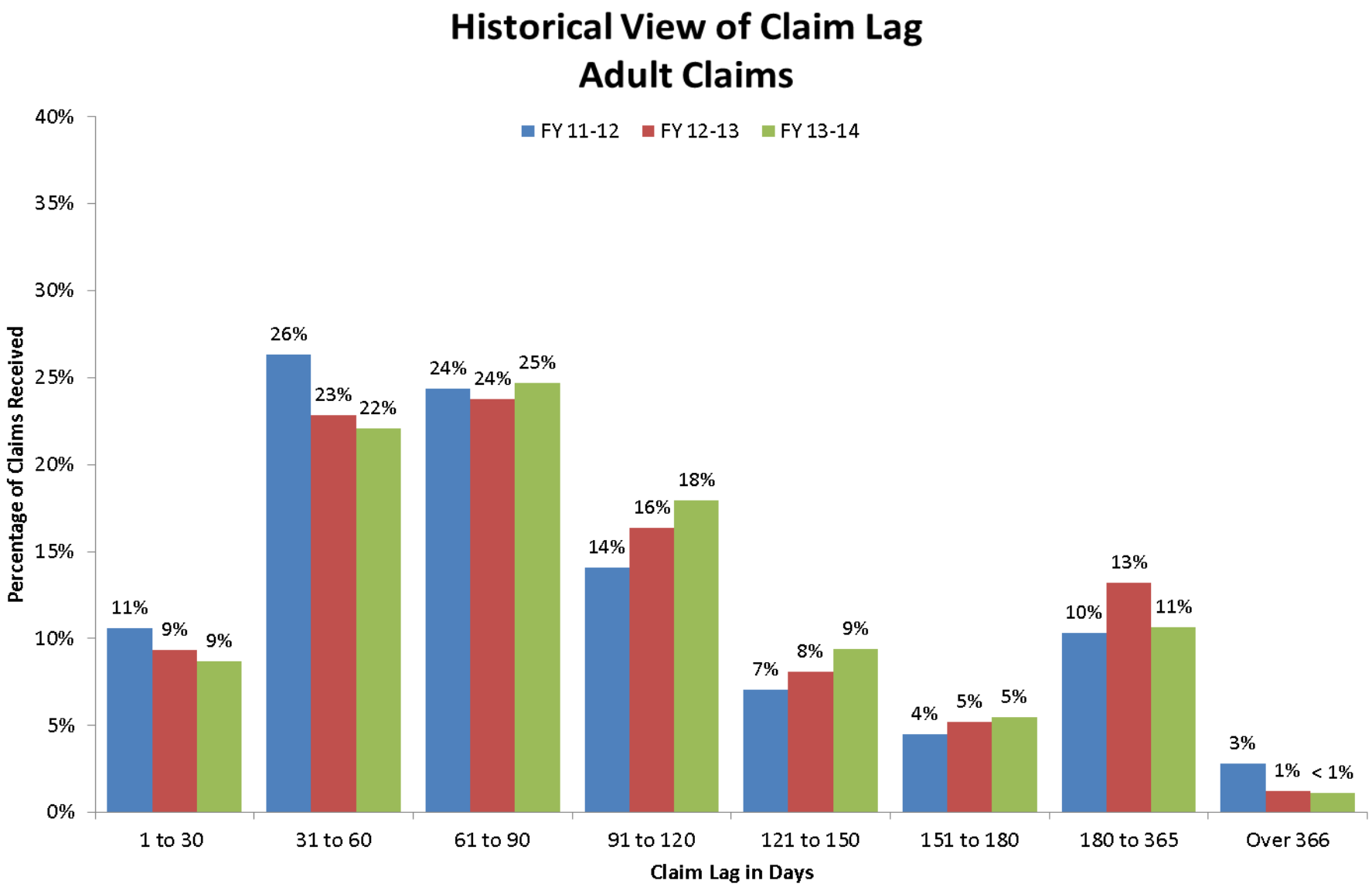
About Claim Lag

Claim lag is a normal part of the claims reimbursement process. The lag time is defined as the period of time from when the actual service occurred to when the county submits the claim to the State. The lag time may vary depending on local provider and county claim submission and review processes. Also, some counties submit claims on a weekly basis, while others submit claims on a monthly basis in batches.

The charts on the next pages provide a historical view of claim lag for Children and Adult services rendered in the last three fiscal years.



Claim lag is the difference in time between the administration of a service and when DHCS receives the claim for the service.
Note: Data is as of June 30, 2015.



Claim lag is the difference in time between the administration of a service and when DHCS receives the claim for the service.
Note: Data is as of June 30, 2015.

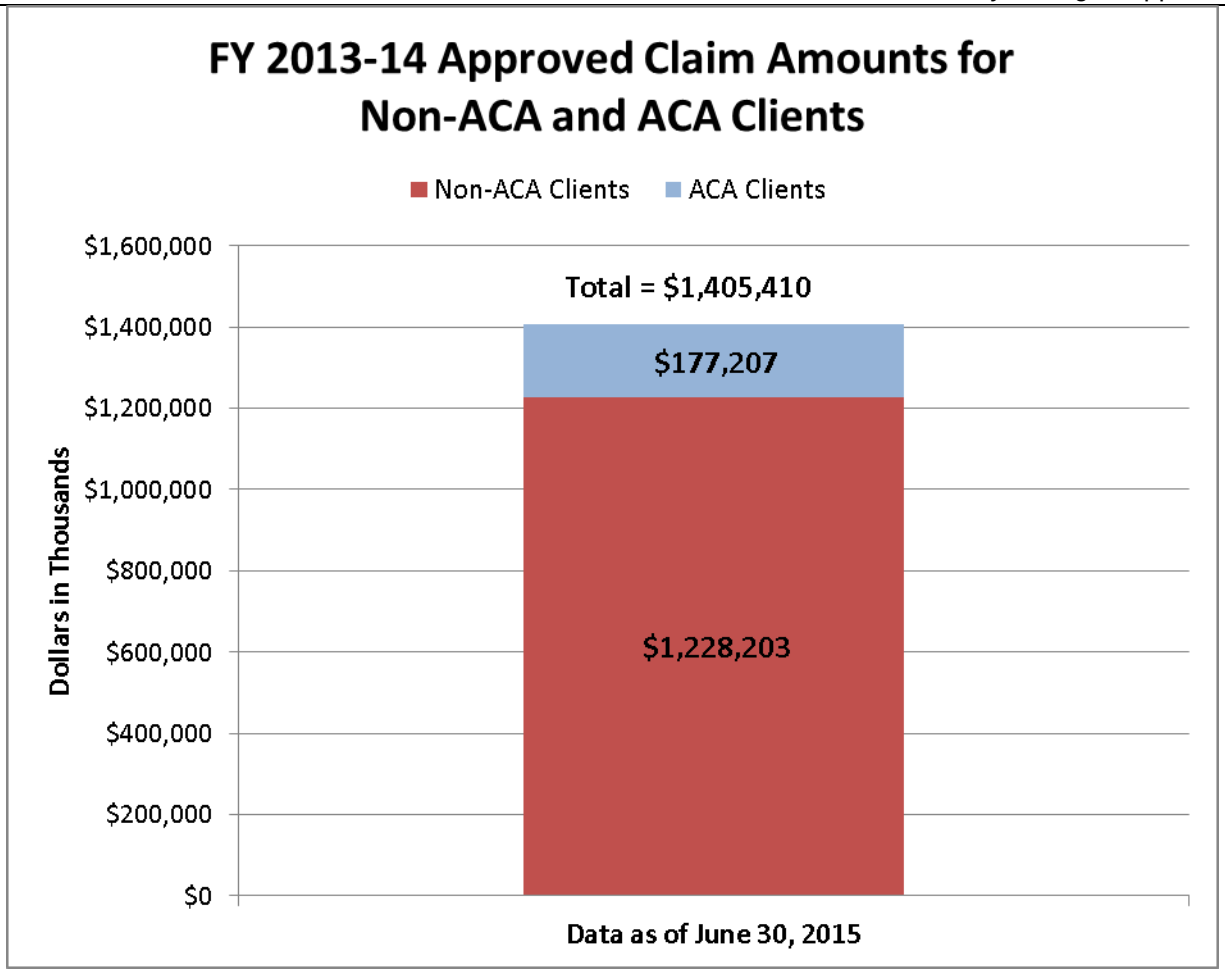
The Affordable Care Act and Specialty Mental Health Services

The Affordable Care Act has made specialty mental health services available to newly enrolled individuals who meet medical necessity criteria. The data for the Affordable Care Act (ACA) Expansion Clients is as of June 30, 2015. The data represents actual approved claims received as of June 30, 2015 and is not adjusted for claim lag nor has any forecasting methodology been applied to the data. The presented data simply serves as an early indication of the growth and utilization of SMHS by ACA Expansion Clients.

Impact of the ACA on SMHS

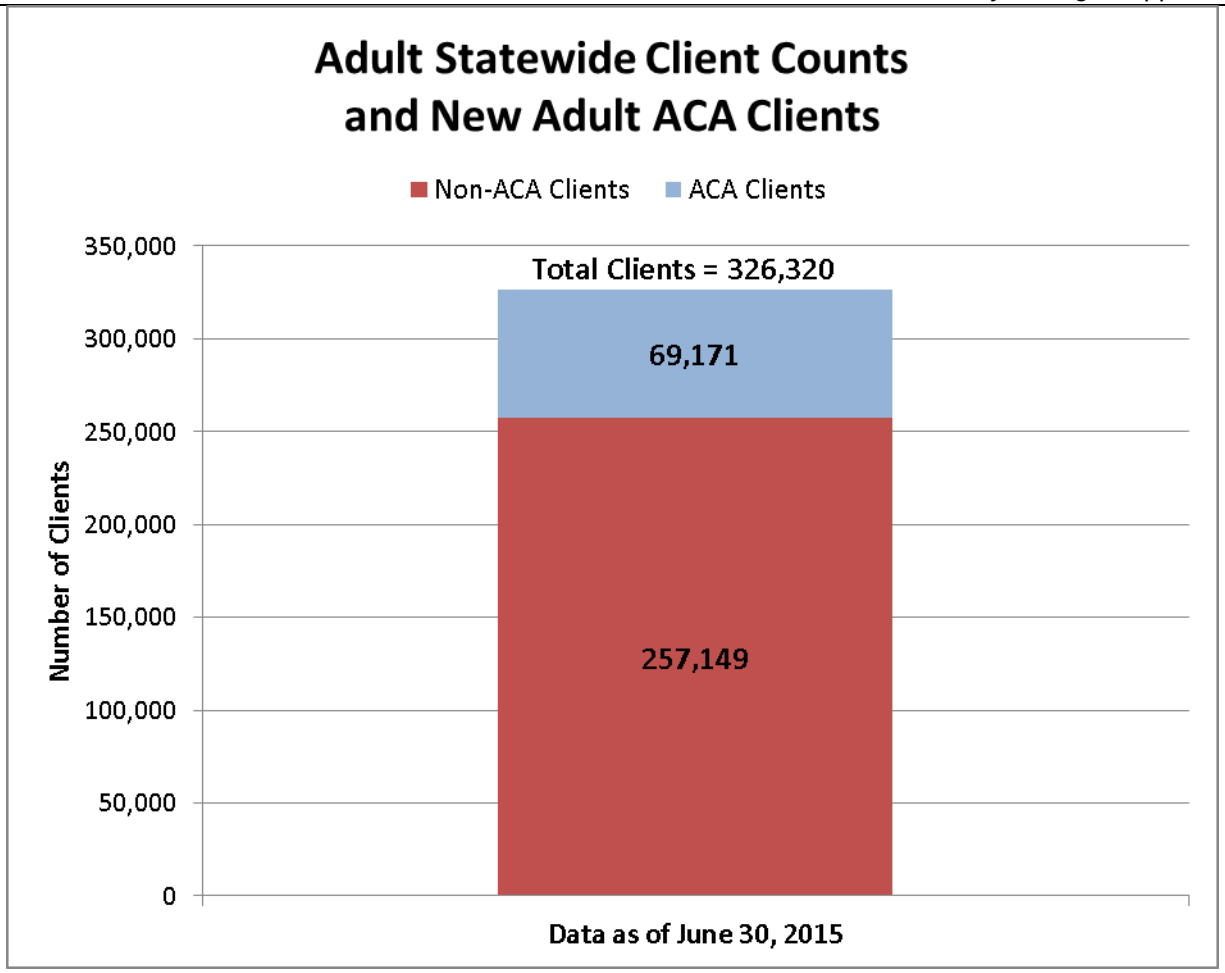
Based on the current data, the ACA has increased the number and dollar amount of approved SMHS claims for adults. Specialty Mental Health Services defines adults as individuals who are 21 or older. Under the ACA expansion, individuals ages 18 and older can apply for Medi-Cal. As such, the ACA expansion clients being compared with Non-ACA adults currently receiving SMHS cannot be equally compared; however, given that only 1.8% of the ACA clients are between the ages of 18 and 20, the comparison should be considered reasonably accurate.

The ACA approved claim amounts shown below are not forecasted amounts due to the short six month data collection period. This is because claims associated with the ACA were first approved beginning in January 2014 and the 2013-14 state fiscal year ended on June 30, 2014. The non-ACA data in the following tables are also not forecasted amounts and therefore may differ when compared to other data in this document. The $177 million shown below represents approved claims from ACA clients that were received by June 30, 2015.



Growth in the Client Base

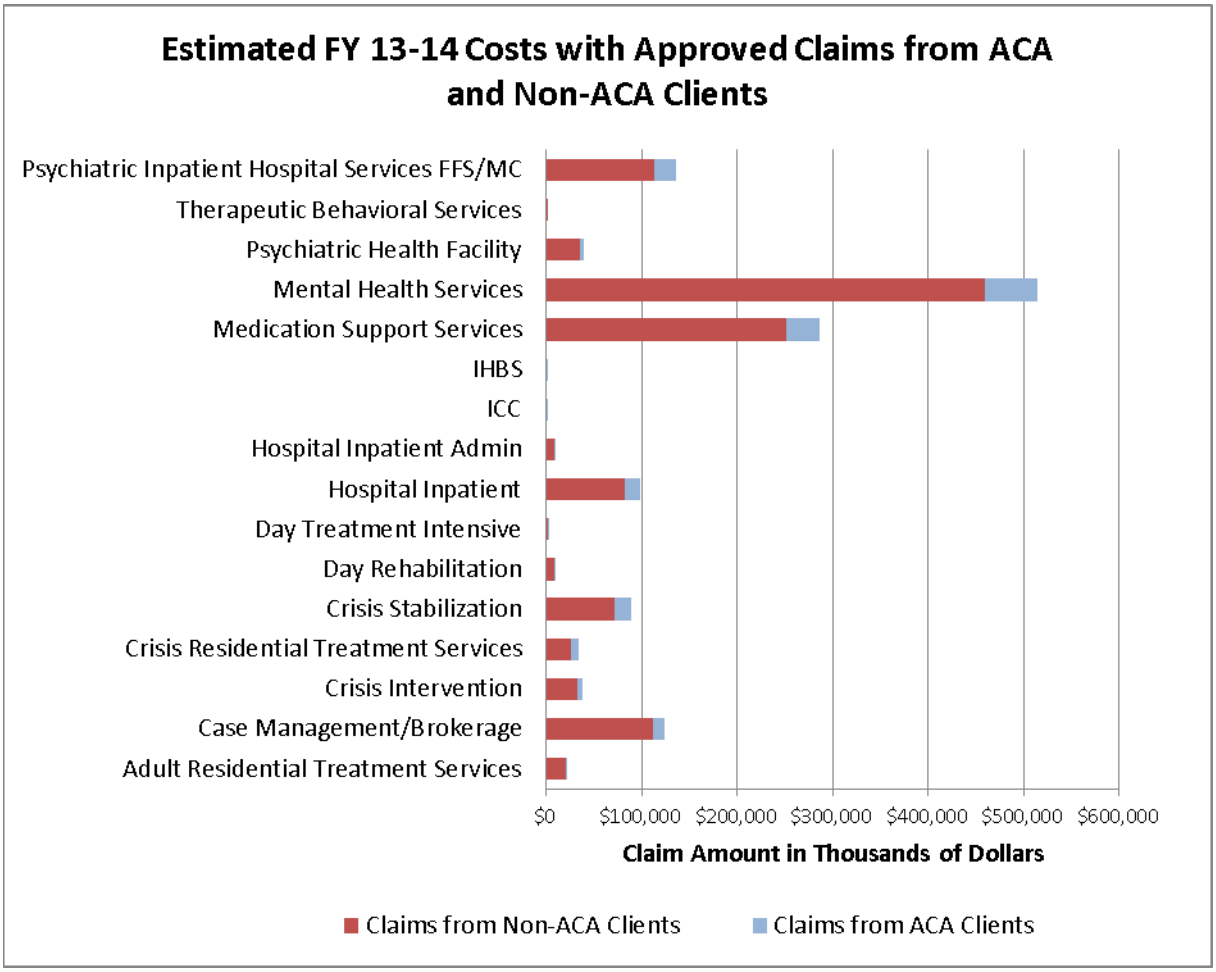
The growth in new adult clients receiving SMHS due to the ACA is significant. Clients from both the Short-Doyle Medi-Cal and Fee-for-Service claiming systems are included in these counts.



Note: Under the ACA, adults are defined as individuals who are 18 and older. For the SMHS program adults are defined as individuals 21 and older. Only 1.8% of the ACA clients are between the ages of 18 and 20 and therefore are being grouped with the SMHS adult client base as they do not significantly impact the comparative analysis.

Impact of the ACA at the Service Type Level

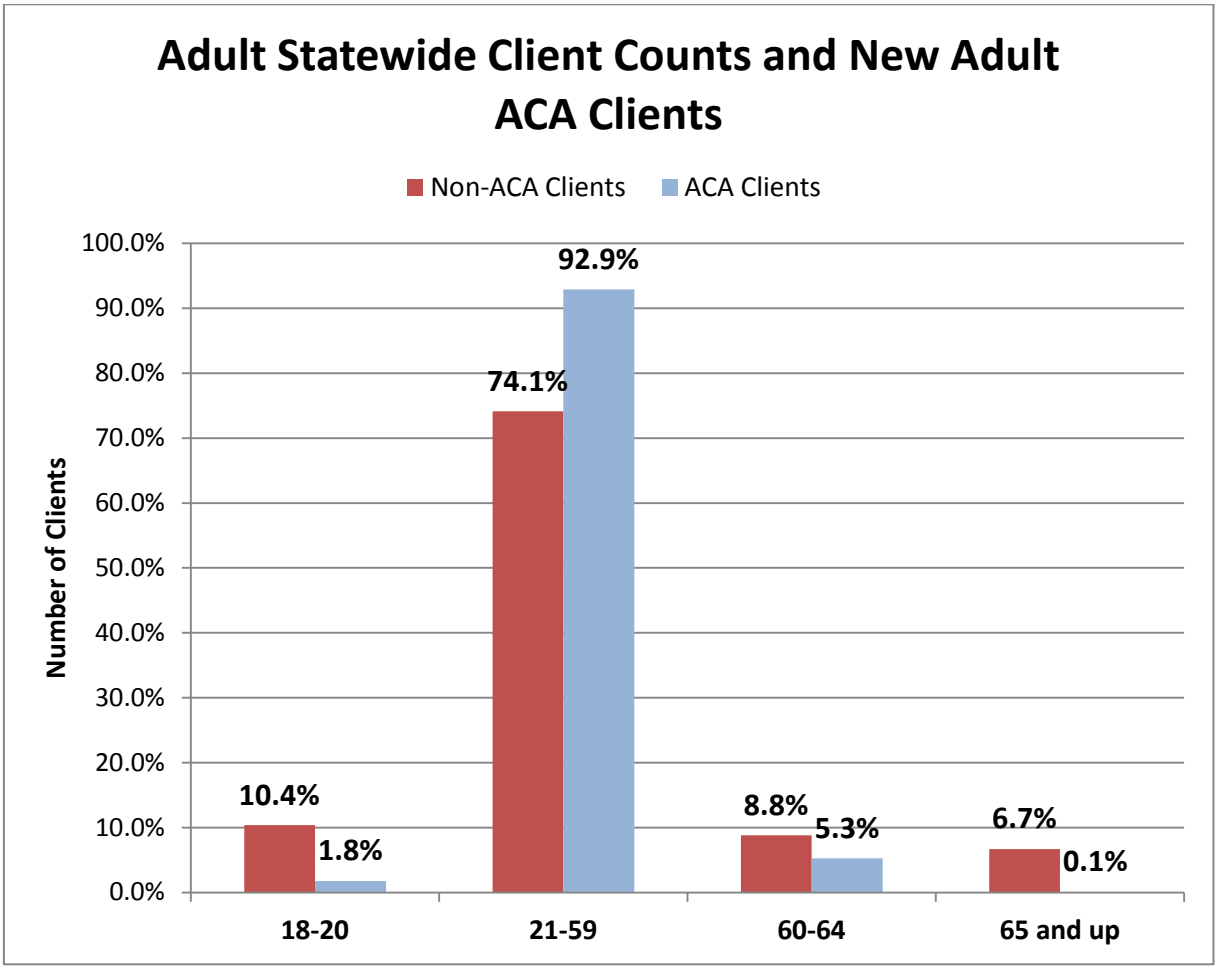
The chart below shows the FY 13-14 service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of June 30, 2015. At present the average service type may see a 7% to 25% increase in costs due to new ACA clients. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 13-14 approved claim amounts by service type with ACA clients.



Demographics by Age: Non-ACA vs. ACA enrollees

The ACA broadened the qualifications for Medi-Cal by raising the maximum income level for an individual to 138% or lower of the Federal Poverty Level and broadened the age requirement to individuals 18 and older. This expansion of the Medi-Cal qualifications has allowed millions of Californians to be able to select Medi-Cal as an insurance plan through Covered California.

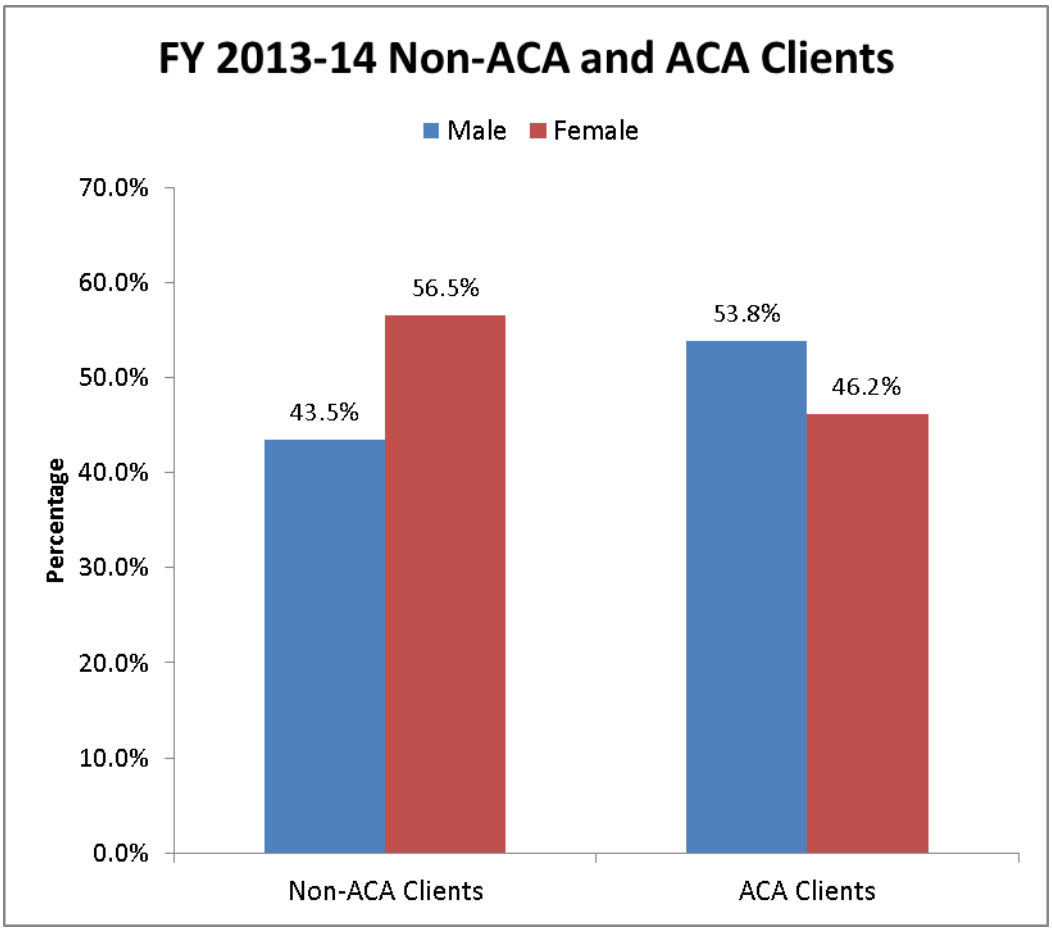
The chart below shows that 74.1% of non-ACA clients were between the ages of 21 and 59 while for ACA clients, the percentage was 92.9%. More ACA clients are in the 21 to 59 age group partly because prior to the implementation of the ACA, most individuals who qualified for Medi-Cal were either children under 21 or adults aged 65 and older.



Note: For SMHS services the age distribution was adjusted to include 18 to 20 year old beneficiaries in order to make the ACA and Non-ACA client age groups comparable.

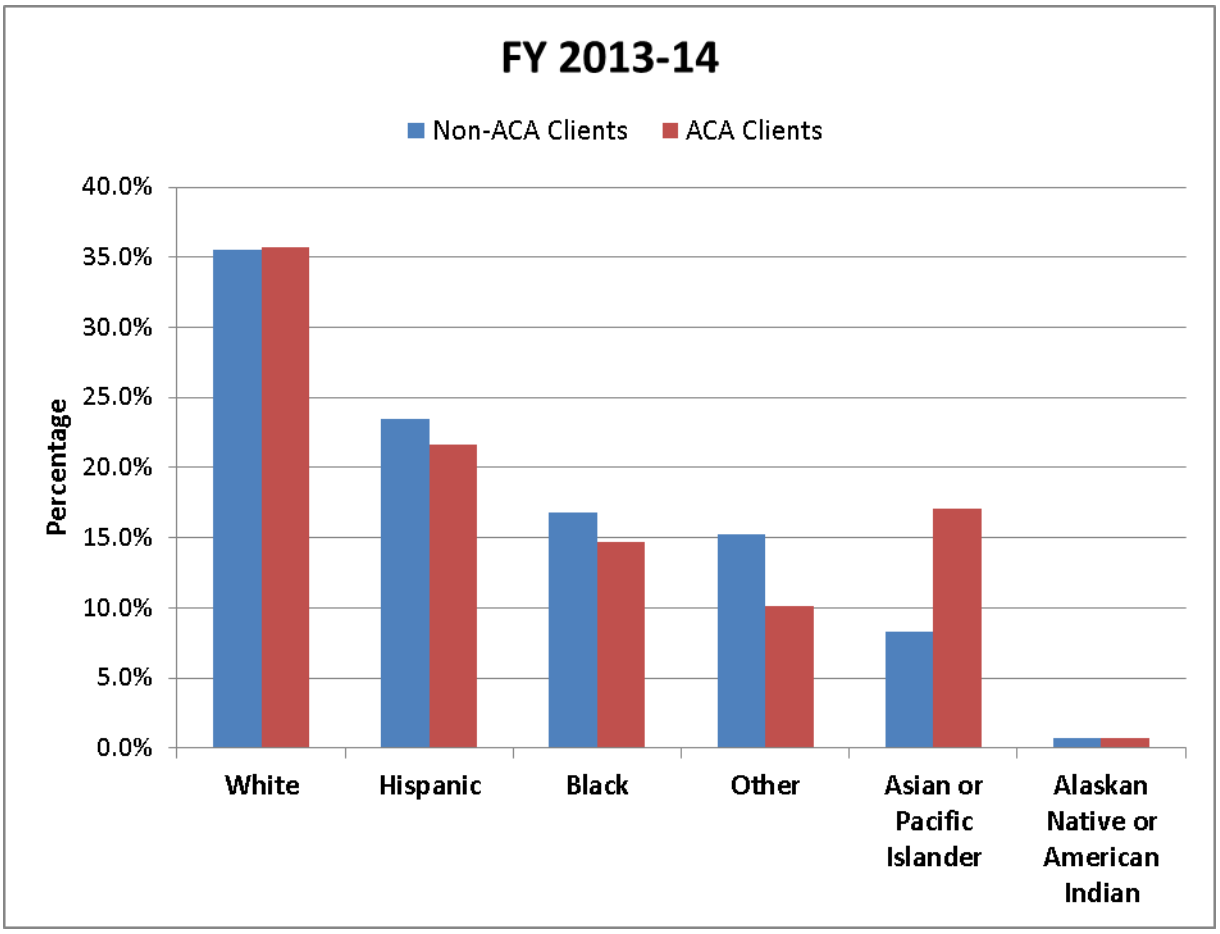
Demographics by Gender: Non-ACA vs. ACA enrollees

The chart below shows that of the ACA clients who received SMHS, 53.8% were men, while 46.2% were women. For non-ACA clients, a higher percentage of females received services compared to males.



Demographics by Race: Non-ACA vs. ACA enrollees

The chart below shows that 35.7% of ACA clients are White, 21.7% are Hispanic, and 14.7% of ACA clients are Black. For Hispanic and Black clients, the difference between ACA and non-ACA clients is approximately than 2%.



Summary Findings ACA and its impact to SMHS

The ACA is having a significant impact to SMHS. Utilizing claims data as of June 30, 2015 we can conservatively state that an additional $177 million in SMHS was provided to approximately 63 thousand Medi-Cal ACA clients. The $177 million is a conservative figure as it represents claims received through June 30, 2015 and is not adjusted for claim lag. The full impact of the ACA on SMHS will not be known until additional data become available.

Service Type Forecasts

Table of Contents

Children Services Section

Adult Crisis Residential Services 50
Adult Residential Services 55
Crisis Intervention 60
Crisis Stabilization 65
Day Rehabilitation Half Day 70
Day Rehabilitation Full Day 74
Day Treatment Intensive Half Day 80
Day Treatment Intensive Full Day 85
Medication Support 90
Psychiatric Health Facility Services 95
Psychiatric Hospital Inpatient Services – SD/MC Hospitals 100
Targeted Case Management 105
Therapeutic Behavioral Service 110
Therapy and Other Service Activities 115
Psychiatric Hospital Inpatient Services – FFS/MC Hospitals 121
Intensive Care Coordination 126
Intensive Home Based Services 132

Adult Services Section

Adult Crisis Residential Services 138
Adult Residential Services 143
Crisis Intervention 148
Crisis Stabilization 153
Day Rehabilitation Half Day 158
Day Rehabilitation Full Day 163
Day Treatment Intensive Half Day 167
Day Treatment Intensive Full Day 169
Medication Support 174
Psychiatric Health Facility Services 179
Psychiatric Hospital Inpatient Services – SD/MC Hospitals 184
Targeted Case Management 189
Therapy and Other Service Activities 194
Psychiatric Hospital Inpatient Services – FFS/MC Hospitals 200

Children Services Section

Children
Adult Crisis Residential Services

Adult Crisis Residential Services (CRS):
Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Summary:
The forecast for Adult Crisis Residential Services include an increase in client counts and increases in annual costs over the next few fiscal years.

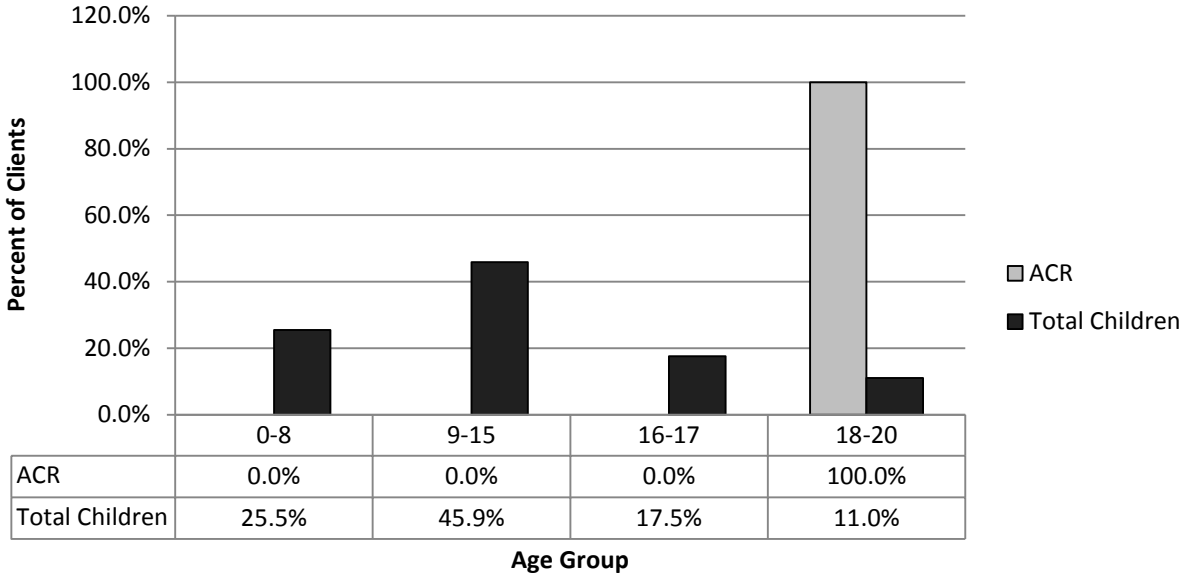
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 911,478	203
Actual	FY 2011-12	$ 915,694	238
Actual	FY 2012-13	$ 1,579,389	257
Actual	FY 2013-14	$ 1,828,095	311
Actual + Forecast	FY 2014-15	$ 2,009,161	303
Forecast	FY 2015-16	$ 2,232,739	321
Forecast	FY 2016-17	$ 2,456,320	343
Actual data as of June 30, 2015			

Budget Forecast Narrative:
A slight growth in dollars while clients are forecasted to stay consistent for FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of June 30, 2015.

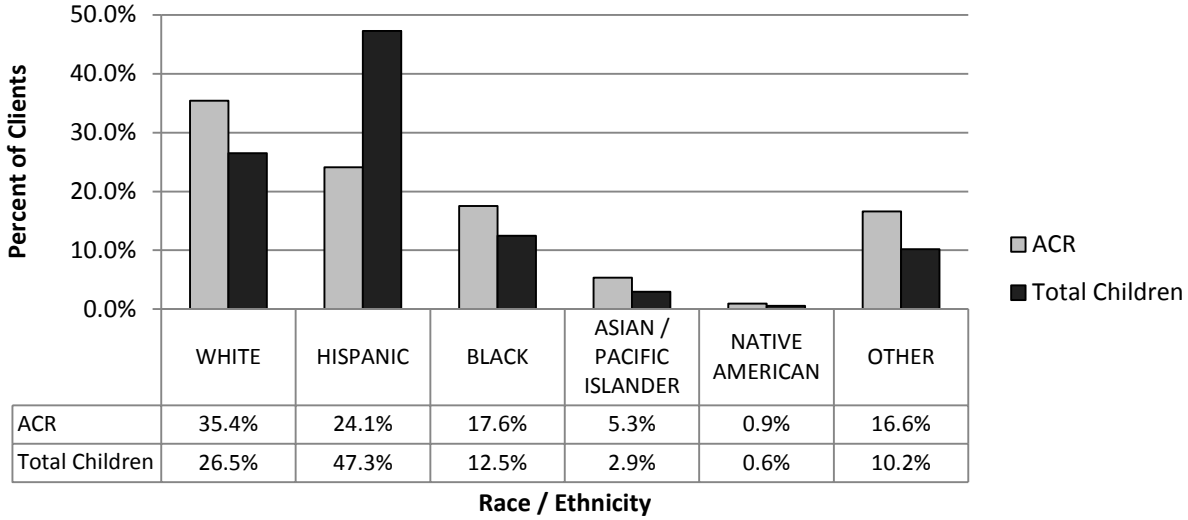
Note:
The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 1a
CHILDREN
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



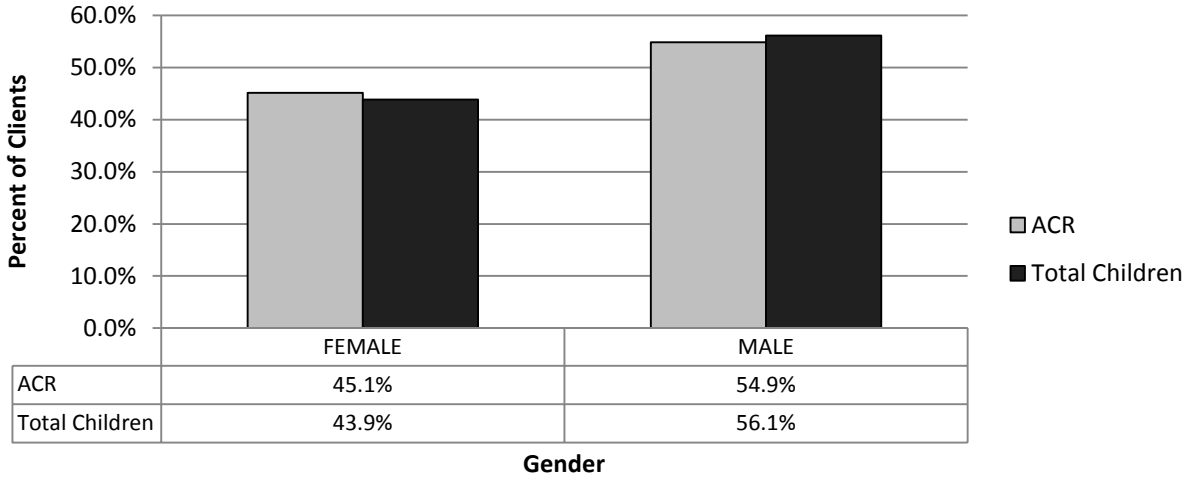
	0-8	9-15	16-17	18-20
ACR	0.0%	0.0%	0.0%	100.0%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 1b
CHILDREN
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
ACR	35.4%	24.1%	17.6%	5.3%	0.9%	16.6%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 1c
CHILDREN
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
ACR	45.1%	54.9%
Total Children	43.9%	56.1%

Table 1d
Other Services Received by Children Receiving Adult Crisis Residential Services
Adult Crisis Residential Fiscal Year 2013-14

	Frequency	Percent of Clients
ADULT CRISIS RESIDENTIAL	311	100.00%
MEDICATION SUPPORT	287	92.28%
THERAPY AND OTHER SERVICE ACTIVITIES	246	79.10%
TARGETED CASE MANAGEMENT	232	74.60%
CRISIS INTERVENTION	161	51.77%
CRISIS STABILIZATION	159	51.13%
FFS-HOSPITAL INPATIENT	113	36.33%
HOSPITAL INPATIENT	72	23.15%
PHF	36	11.58%
ADULT RESIDENTIAL	32	10.29%
DAY TX REHABILITATIVE FULL DAY	14	4.50%
THERAPEUTIC BEHAVIORAL SERVICES	14	4.50%
ICC	5	1.61%
DAY TX INTENSIVE FULL DAY	3	0.96%
DAY TX REHABILITATIVE HALF DAY	2	0.64%
IHBS	2	0.64%
DAY TX INTENSIVE HALF DAY	1	0.32%

Service Metrics:

Table 1e
Children
Adult Crisis Residential Services Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	311
Mean	$ 5,878
Standard Deviation	$ 6,360
Median	$ 4,127
Mode	$ 5,060
Interquartile Range	$ 6,386

Quartile	Amount
100%	$ 38,860
99%	$ 30,606
95%	$ 18,914
90%	$ 11,519
75%	$ 8,160
50%	$ 4,127
25%	$ 1,774

Table 1f
Adult Crisis Residential Services
Fiscal Year 2013-14

Statistic	Days
Number of Clients	311
Mean	18
Standard Deviation	19
Median	13
Mode	1
Interquartile Range	19

Quartile	Days
100%	113
99%	89
95%	58
90%	38
75%	25
50%	13
25%	6

Table 1g
Children
Historical Trends
Adult Crisis Residential by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	238	257	311	303
Number of Days	3,134	4,910	5,615	6,025
Days Per Client	13	19	18	20
Approved Amount	$915,694	$1,579,389	$1,828,095	$2,009,161

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Adult Residential Services

Adult Residential Treatment Services:
Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Adult Residential Services indicates a slight decline in costs and a slight decline in clients.

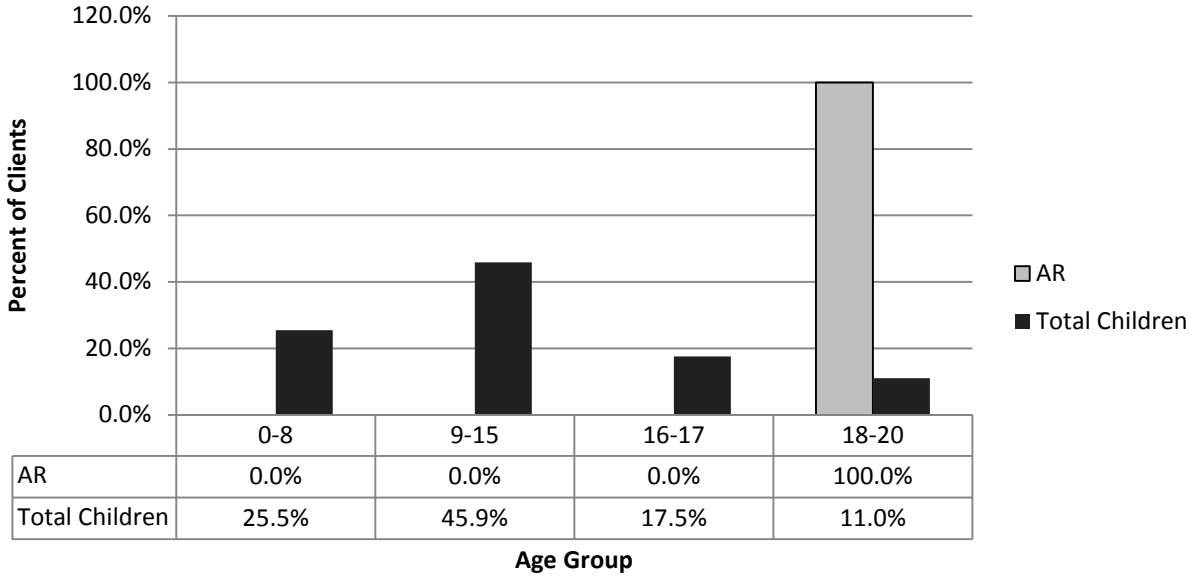
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 1,631,533	115
Actual	FY 2011-12	$ 1,092,880	98
Actual	FY 2012-13	$ 1,608,292	111
Actual	FY 2013-14	$ 1,795,052	102
Actual + Forecast	FY 2014-15	$ 1,349,894	74
Forecast	FY 2015-16	$ 1,264,737	61
Forecast	FY 2016-17	$ 1,179,583	48
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The forecast indicates a declining trend in costs and clients through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

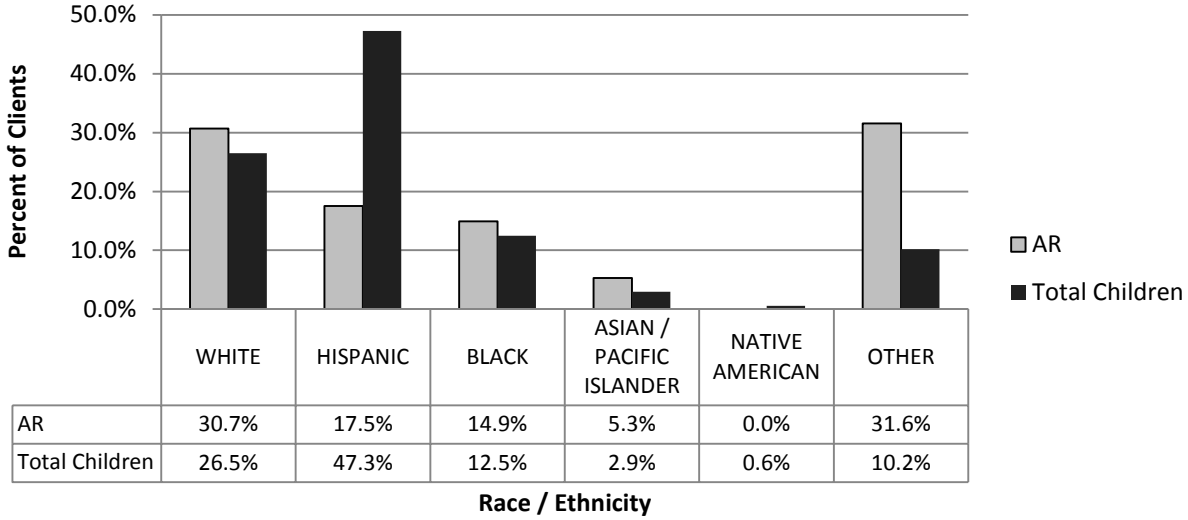
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 2a
CHILDREN
Clients Receiving Adult Residential Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



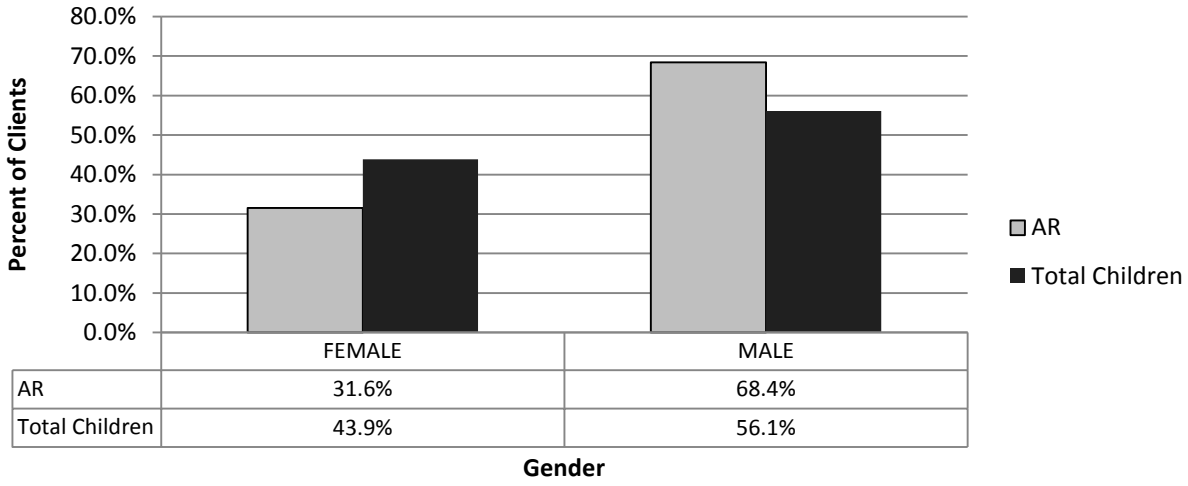
	0-8	9-15	16-17	18-20
AR	0.0%	0.0%	0.0%	100.0%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 2b
CHILDREN
Clients Receiving Adult Residential Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
AR	30.7%	17.5%	14.9%	5.3%	0.0%	31.6%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 2c
CHILDREN
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
AR	31.6%	68.4%
Total Children	43.9%	56.1%

Table 2d
Other Services Received by Children Receiving Adult Residential Service
Fiscal Year 2013-14

	Frequency	Percent of Clients
ADULT RESIDENTIAL	102	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	91	89.22%
TARGETED CASE MANAGEMENT	86	84.31%
MEDICATION SUPPORT	85	83.33%
CRISIS STABILIZATION	36	35.29%
ADULT CRISIS RESIDENTIAL	32	31.37%
CRISIS INTERVENTION	29	28.43%
DAY TX REHABILITATIVE FULL DAY	23	22.55%
HOSPITAL INPATIENT	18	17.65%
FFS-HOSPITAL INPATIENT	17	16.67%
DAY TX INTENSIVE FULL DAY	8	7.84%
PHF	5	4.90%
THERAPEUTIC BEHAVIORAL SERVICES	3	2.94%
ICC	1	0.98%
IHBS	1	0.98%

Service Metrics:

Table 2e
Children
Adult Residential Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	102
Mean	$ 17,599
Standard Deviation	$ 15,446
Median	$ 14,238
Mode	$ 337
Interquartile Range	$ 19,288

Quartile	Amount
100%	$ 63,244
99%	$ 58,240
95%	$ 53,241
90%	$ 42,574
75%	$ 25,158
50%	$ 14,238
25%	$ 5,870

Table 2f
Children
Adult Residential Days
Fiscal Year 2013-14

Statistic	Days
Number of Clients	102
Mean	103
Standard Deviation	87
Median	88
Mode	124
Interquartile Range	114

Quartile	Days
100%	364
99%	350
95%	282
90%	237
75%	149
50%	88
25%	35

Table 2g
Children
Historical Trends
Adult Residential by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	98	111	102	74
Number of Days	6,937	9,950	10,470	7,516
Days Per Client	71	90	103	102
Approved Amount	$1,092,880	$1,608,292	$1,795,052	$1,349,894

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Crisis Intervention

Crisis Intervention:
Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

Summary:
The costs are forecasted to increase while the number of clients decreases slightly for Crisis Intervention services through FY 2014-15 and FY 2015-16.

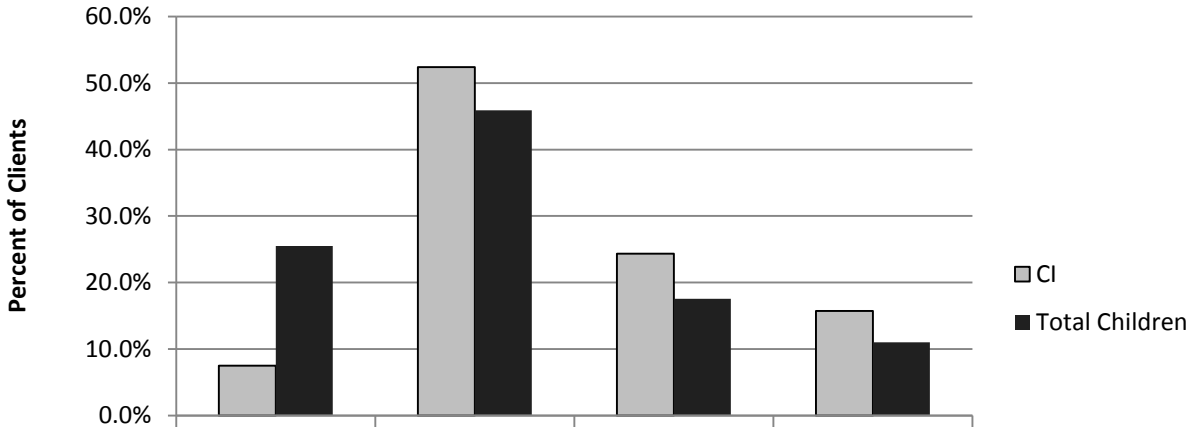
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 18,743,670	16,771
Actual	FY 2011-12	$ 19,206,325	16,895
Actual	FY 2012-13	$ 23,310,515	17,613
Actual	FY 2013-14	$ 26,133,890	19,130
Actual + Forecast	FY 2014-15	$ 27,515,145	19,845
Forecast	FY 2015-16	$ 29,503,349	20,476
Forecast	FY 2016-17	$ 31,491,554	21,107
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Crisis Intervention services are projected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

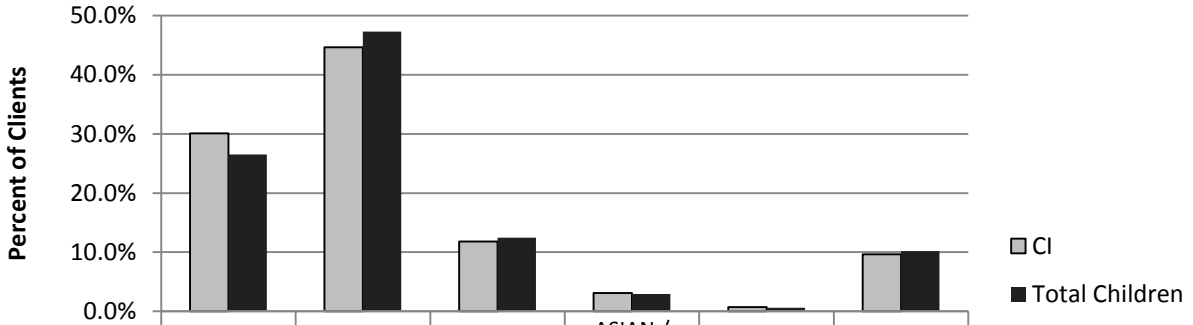
Table 3a
CHILDREN
Clients Receiving Crisis Intervention Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	0-8	9-15	16-17	18-20
CI	7.5%	52.4%	24.3%	15.7%
Total Children	25.5%	45.9%	17.5%	11.0%

Age Group

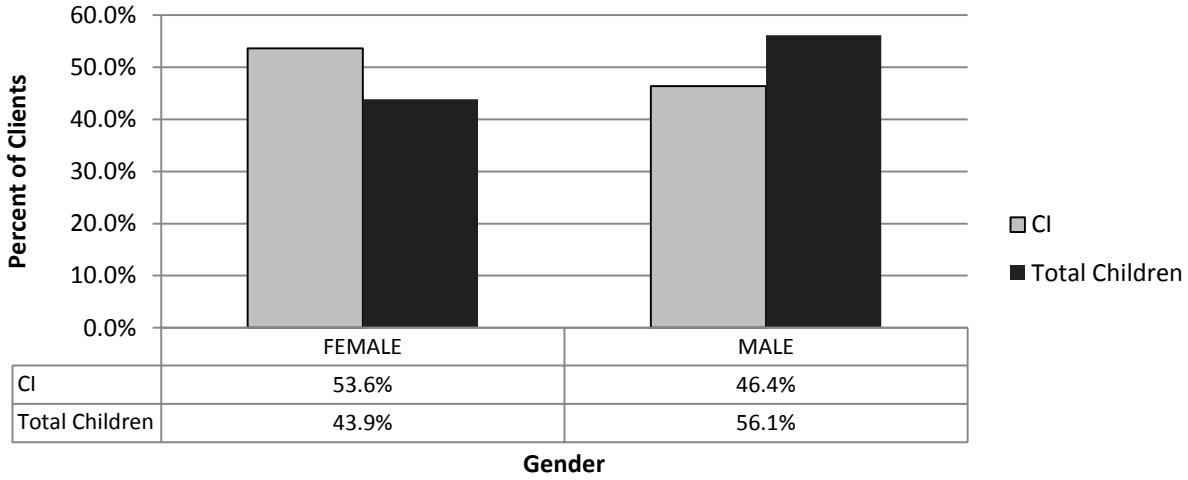
Table 3b
CHILDREN
Clients Receiving Crisis Intervention Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
CI	30.1%	44.6%	11.8%	3.1%	0.7%	9.6%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Race / Ethnicity

Table 3c
CHILDREN
Clients Receiving Crisis Intervention Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
CI	53.6%	46.4%
Total Children	43.9%	56.1%

Table 3d
Other Services Received by Children Receiving Crisis Intervention Service
Service Fiscal Year 2013-14

	Frequency	Percent of Clients
CRISIS INTERVENTION	19,130	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	16,091	84.11%
TARGETED CASE MANAGEMENT	12,387	64.75%
MEDICATION SUPPORT	11,040	57.71%
FFS-HOSPITAL INPATIENT	6,196	32.39%
CRISIS STABILIZATION	3,130	16.36%
THERAPEUTIC BEHAVIORAL SERVICES	2,047	10.70%
ICC	1,276	6.67%
IHBS	1,106	5.78%
HOSPITAL INPATIENT	975	5.10%
PHF	425	2.22%
DAY TX INTENSIVE FULL DAY	385	2.01%
DAY TX REHABILITATIVE FULL DAY	186	0.97%
ADULT CRISIS RESIDENTIAL	161	0.84%
ADULT RESIDENTIAL	29	0.15%
DAY TX INTENSIVE HALF DAY	11	0.06%
DAY TX REHABILITATIVE HALF DAY	8	0.04%

Service Metrics:

Table 3e
Children
Crisis Intervention Service Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	19,130
Mean	$1,366
Standard Deviation	$1,578
Median	$ 860
Mode	$2,290
Interquartile Range	$1,526

Quartile	Amount
100%	$ 29,574
99%	$ 7,761
95%	$ 4,255
90%	$ 2,693
75%	$ 1,956
50%	$ 860
25%	$ 430

Table 3f
Children
Crisis Intervention Service Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	19,130
Mean	306
Standard Deviation	339
Median	195
Mode	480
Interquartile Range	315

Quartile	Minutes
100%	6,200
99%	1,712
95%	930
90%	591
75%	425
50%	195
25%	110

Table 3g
Children
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	16,895	17,613	19,130	19,845
Number of Minutes	5,163,785	5,192,945	5,847,925	6,024,822
Minutes Per Client	306	295	306	304
Approved Amount	$19,206,325	$23,310,515	$26,133,890	$27,515,145

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Crisis Stabilization

Crisis Stabilization:
Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Crisis Stabilization Services is for moderate growth in clients and costs over the next few fiscal years.

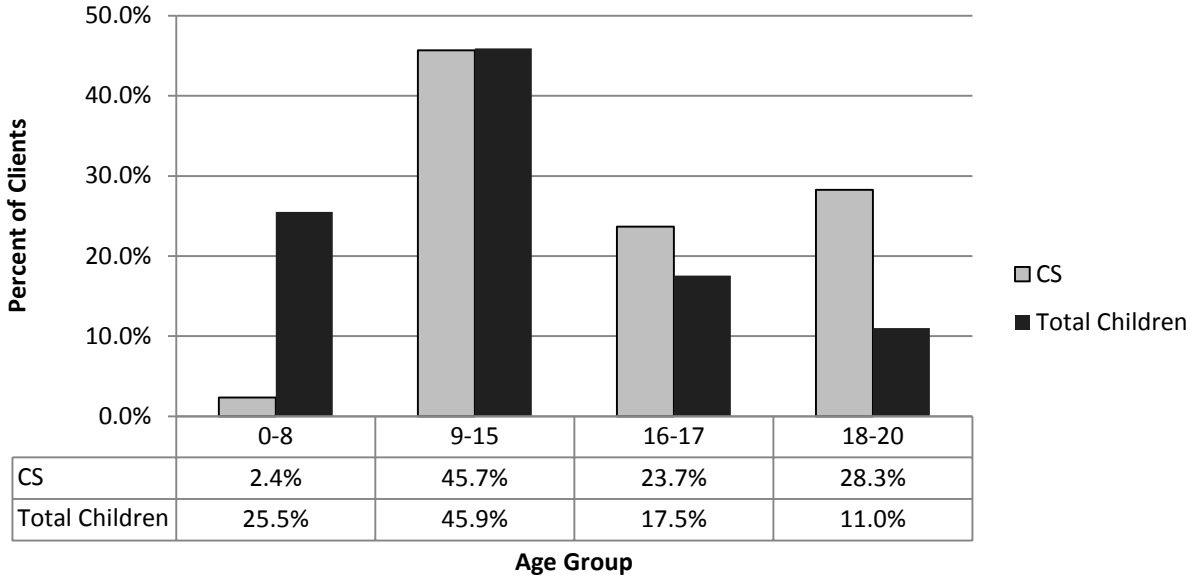
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 7,884,457	6,384
Actual	FY 2011-12	$ 8,809,735	6,990
Actual	FY 2012-13	$ 14,278,738	8,472
Actual	FY 2013-14	$ 14,902,222	9,674
Actual + Forecast	FY 2014-15	$ 17,129,080	11,651
Forecast	FY 2015-16	$ 19,129,054	12,826
Forecast	FY 2016-17	$ 21,190,031	13,996
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Moderate growth in costs and clients is forecasted through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

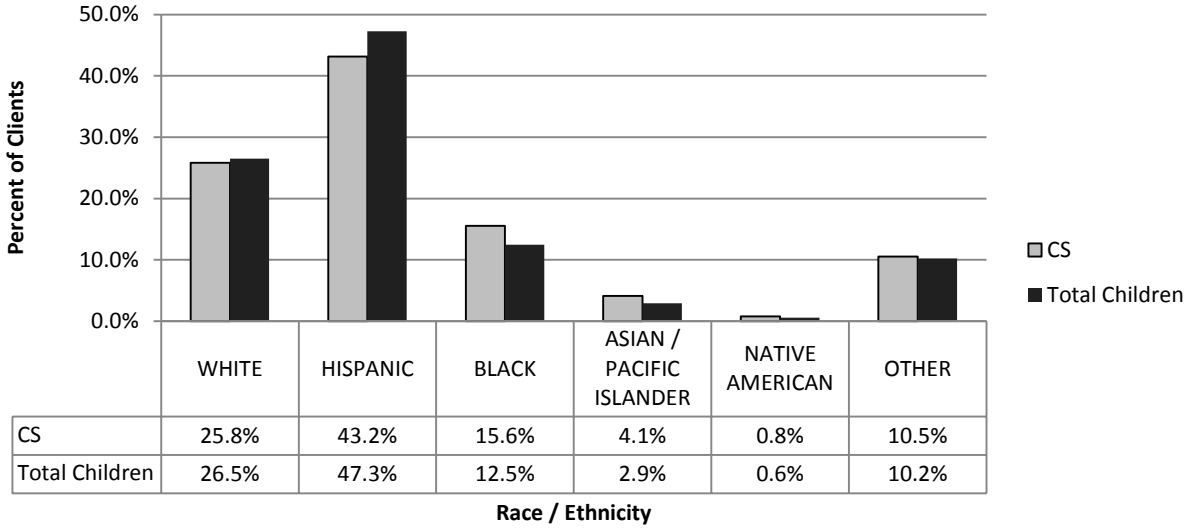
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 4a
CHILDREN
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



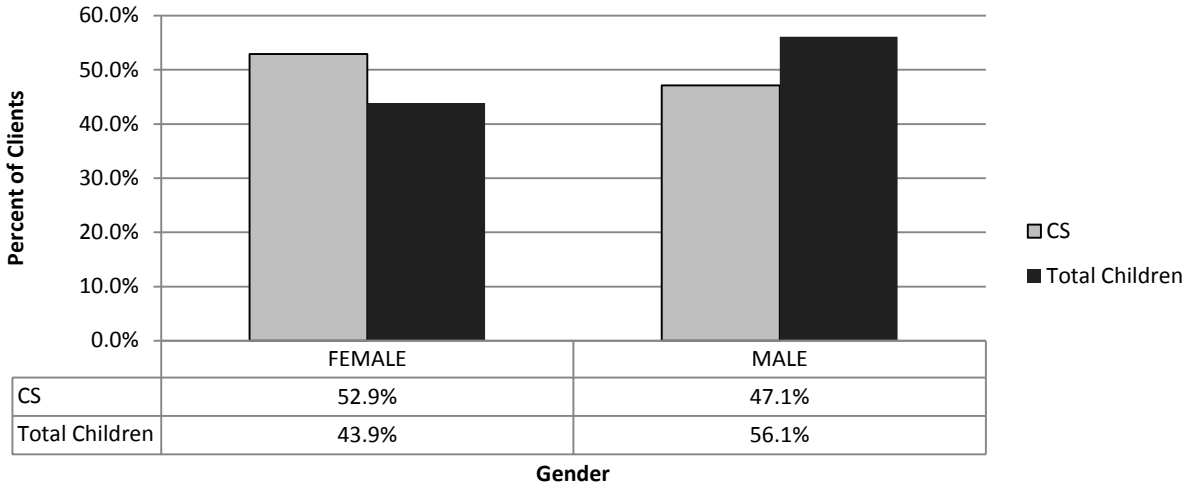
	0-8	9-15	16-17	18-20
CS	2.4%	45.7%	23.7%	28.3%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 4b
CHILDREN
Clients Receiving Crisis Stabilization Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
CS	25.8%	43.2%	15.6%	4.1%	0.8%	10.5%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 4c
CHILDREN
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
CS	52.9%	47.1%
Total Children	43.9%	56.1%

Table 4d
Other Services Received by Children Receiving Crisis Stabilization Service
Fiscal Year 2013-14

	Frequency	Percent of Clients
CRISIS STABILIZATION	9,674	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,012	72.48%
MEDICATION SUPPORT	5,231	54.07%
TARGETED CASE MANAGEMENT	4,959	51.26%
FFS-HOSPITAL INPATIENT	3,254	33.64%
CRISIS INTERVENTION	3,130	32.35%
HOSPITAL INPATIENT	1,234	12.76%
THERAPEUTIC BEHAVIORAL SERVICES	1,002	10.36%
ICC	496	5.13%
PHF	475	4.91%
IHBS	397	4.10%
DAY TX REHABILITATIVE FULL DAY	222	2.29%
DAY TX INTENSIVE FULL DAY	214	2.21%
ADULT CRISIS RESIDENTIAL	159	1.64%
ADULT RESIDENTIAL	36	0.37%
DAY TX INTENSIVE HALF DAY	7	0.07%
DAY TX REHABILITATIVE HALF DAY	7	0.07%

Service Metrics:

Table 4e
Children
Crisis Stabilization Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	9,674
Mean	$ 1,540
Standard Deviation	$ 1,868
Median	$ 1,087
Mode	$ 1,891
Interquartile Range	$ 1,493

Quartile	Amount
100%	$ 22,835
99%	$ 9,453
95%	$ 4,741
90%	$ 3,400
75%	$ 1,891
50%	$ 1,087
25%	$ 398

Table 4f
Children
Crisis Stabilization Hours
Fiscal Year 2013-14

Statistic	Hours
Number of Clients	9,674
Mean	15
Standard Deviation	17
Median	11
Mode	20
Interquartile Range	16

Quartile	Hours
100%	210
99%	82
95%	42
90%	31
75%	20
50%	11
25%	4

Table 4g
Children
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	6,990	8,472	9,674	11,651
Number of Hours	97,557	130,358	146,431	181,128
Hours Per Client	14	15	15	16
Approved Amount	$8,809,735	$14,278,738	$14,902,222	$17,129,080

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Day Rehabilitation Half Day

Day Rehabilitation (Half-Day):
Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and that provide services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Day Rehabilitation Half Day Services is for a decline in both dollars and clients.

The Department believes that the reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes through more cost-effective services. Counties are serving fewer children in group home and non-public school settings, which are the primary providers of day treatment and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the ongoing Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

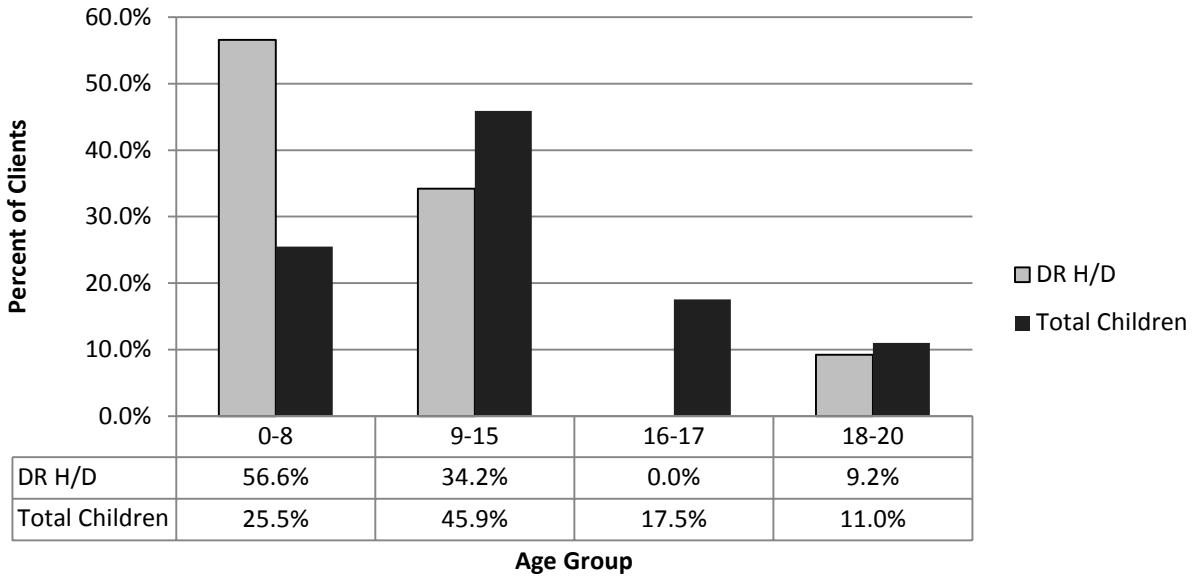
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 1,395,605	127
Actual	FY 2011-12	$ 904,599	102
Actual	FY 2012-13	$ 509,853	70
Actual	FY 2013-14	$ 521,226	64
Actual + Forecast	FY 2014-15	$ 542,576	173
Forecast	FY 2015-16	$ 369,872	171
Forecast	FY 2016-17	$ 197,161	167
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Day Rehabilitation Half Day service costs and clients are forecast to decline through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

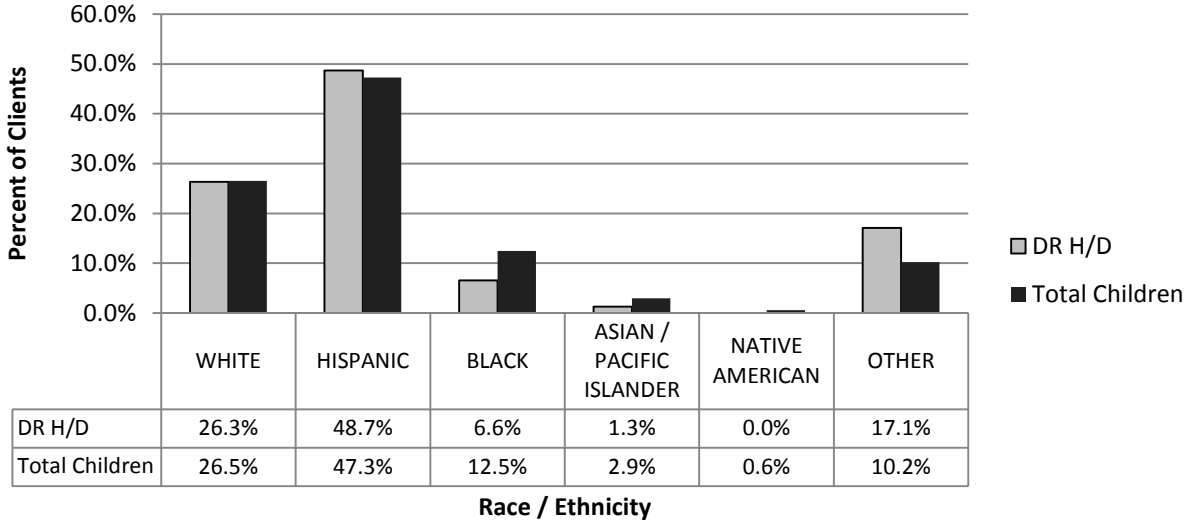
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 5a
CHILDREN
Clients Receiving Day Rehabilitation-Half Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	0-8	9-15	16-17	18-20
DR H/D	56.6%	34.2%	0.0%	9.2%
Total Children	25.5%	45.9%	17.5%	11.0%

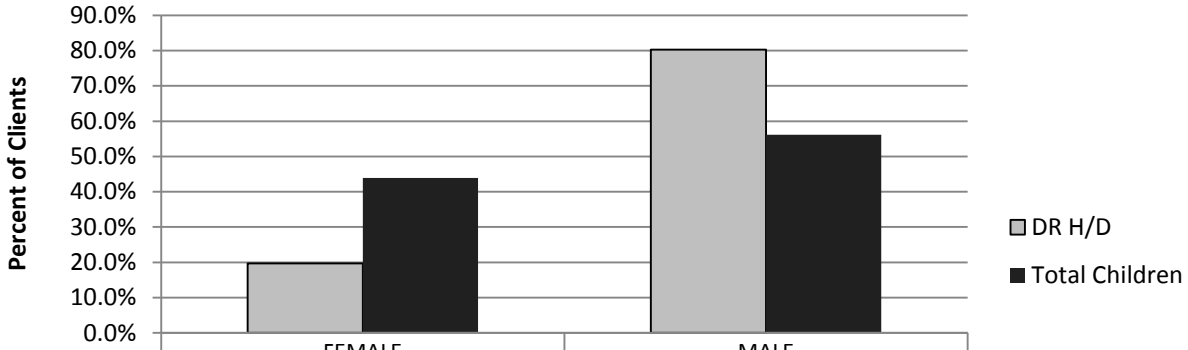
Table 5b
CHILDREN
Clients Receiving Day Rehabilitation-Half Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DR H/D	26.3%	48.7%	6.6%	1.3%	0.0%	17.1%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Race / Ethnicity

Table 5c
CHILDREN
Clients Receiving Day Rehabilitation-Half Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DR H/D	19.7%	80.3%
Total Children	43.9%	56.1%

Gender

Table 5d
Other Services Received by Children Receiving Day Rehabilitation Half Day Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
DAY TX REHABILITATIVE HALF DAY	64	100.00%
MEDICATION SUPPORT	52	81.25%
THERAPY AND OTHER SERVICE ACTIVITIES	43	67.19%
TARGETED CASE MANAGEMENT	21	32.81%
THERAPEUTIC BEHAVIORAL SERVICES	11	17.19%
CRISIS INTERVENTION	8	12.50%
CRISIS STABILIZATION	7	10.94%
DAY TX INTENSIVE FULL DAY	4	6.25%
ICC	4	6.25%
IHBS	4	6.25%
ADULT CRISIS RESIDENTIAL	2	3.13%
DAY TX REHABILITATIVE FULL DAY	2	3.13%
FFS-HOSPITAL INPATIENT	2	3.13%
HOSPITAL INPATIENT	2	3.13%

Service Metrics:

Table 5e
Children
Day Rehabilitation Half Day Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	64
Mean	$ 8,144
Standard Deviation	$ 5,779
Median	$ 7,315
Mode	$ 84
Interquartile Range	$ 8,997

Quartile	Amount
100%	$ 19,338
99%	$ 19,338
95%	$ 17,657
90%	$ 16,564
75%	$ 12,654
50%	$ 7,315
25%	$ 3,657

Table 5f
Children
Day Rehabilitation Half Days
Fiscal Year 2013-14

Statistic	Half Days
Number of Clients	64
Mean	97
Standard Deviation	68
Median	87
Mode	1
Interquartile Range	111

Quartile	Half Days
100%	230
99%	230
95%	210
90%	197
75%	151
50%	87
25%	40

Table 5g
Children
Historical Trends
Day Rehabilitation Half Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	102	70	64	173
Number of Half Days	9,358	6,059	6,206	6,272
Days Per Client	92	87	97	36
Approved Amount	$904,599	$509,853	$521,226	$542,576

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Day Rehabilitation Full Day

Day Rehabilitation (Full-Day):
Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Day Rehabilitation Full Day Services shows a decrease in clients and cost through FY 2014-15 and FY 2015-16.

The Department believes that the reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes with less costly services. Counties are serving fewer children in group home and non-public school settings, which are the primary providers of day treatment and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

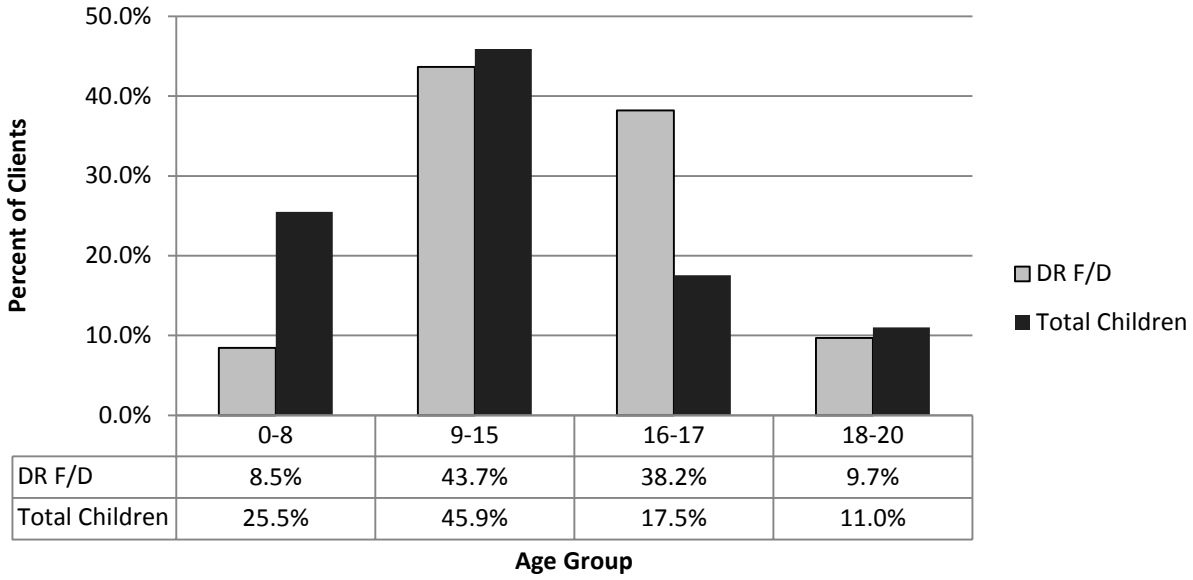
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 13,641,791	1,478
Actual	FY 2011-12	$ 14,370,106	1,759
Actual	FY 2012-13	$ 19,005,324	1,932
Actual + Forecast	FY 2013-14	$ 17,666,406	1,704
Forecast	FY 2014-15	$ 16,274,488	1,291
Forecast	FY 2015-16	$ 16,038,577	1,105
Forecast	FY 2016-17	$ 15,802,664	916
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Day Rehabilitation Full Day costs are forecast to decline through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

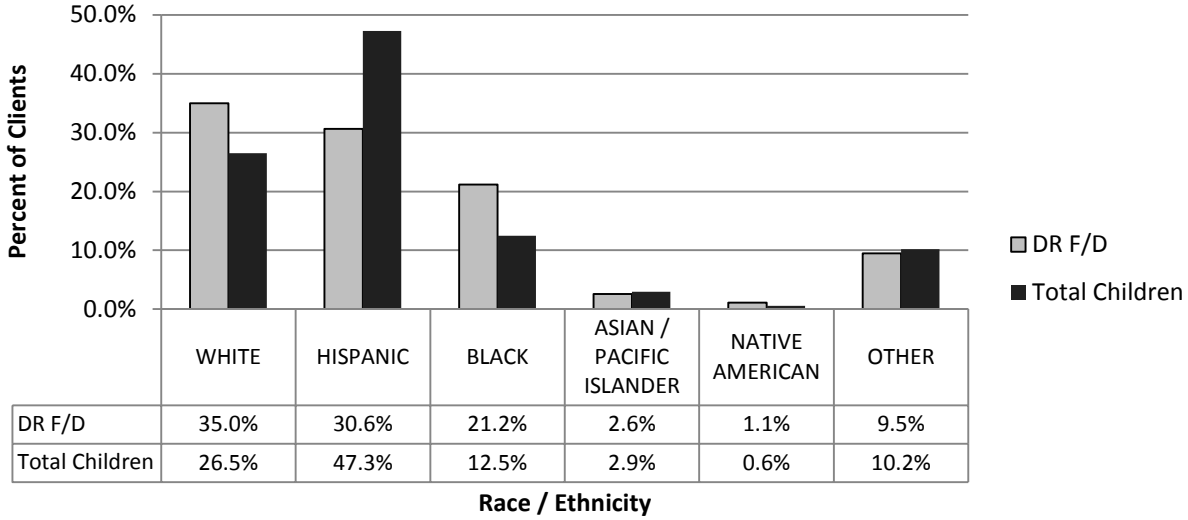
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 6a
CHILDREN
Clients Receiving Day Rehabilitation-Full Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



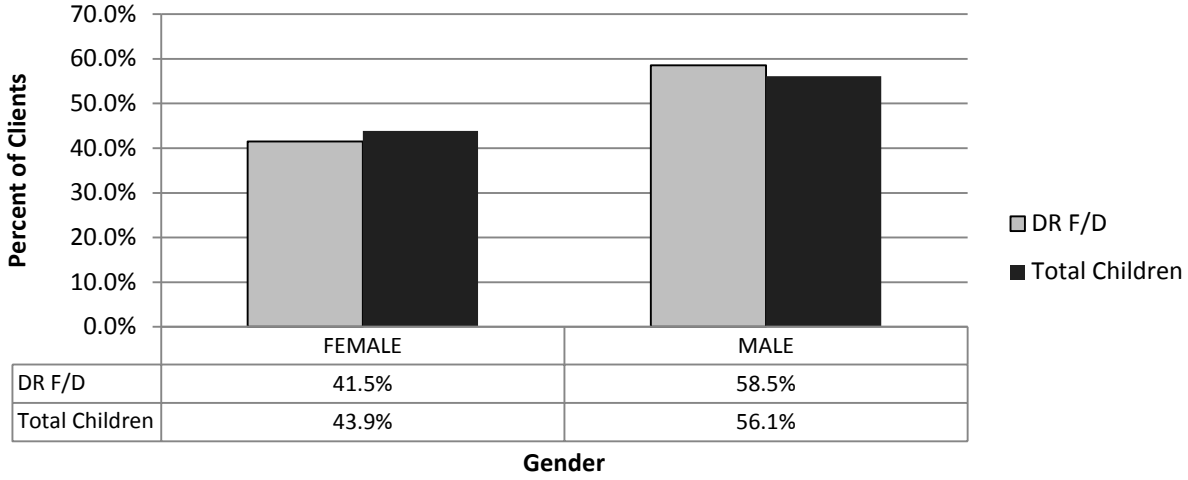
	0-8	9-15	16-17	18-20
DR F/D	8.5%	43.7%	38.2%	9.7%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 6b
CHILDREN
Clients Receiving Day Rehabilitation-Full Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DR F/D	35.0%	30.6%	21.2%	2.6%	1.1%	9.5%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 6c
CHILDREN
Clients Receiving Day Rehabilitation-Full Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DR F/D	41.5%	58.5%
Total Children	43.9%	56.1%

Table 6d
Other Services Received by Children Receiving Day Rehabilitation Full Day Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
DAY TX REHABILITATIVE FULL DAY	1,704	100.00%
MEDICATION SUPPORT	1,272	74.65%
THERAPY AND OTHER SERVICE ACTIVITIES	1,068	62.68%
TARGETED CASE MANAGEMENT	494	28.99%
THERAPEUTIC BEHAVIORAL SERVICES	248	14.55%
FFS-HOSPITAL INPATIENT	223	13.09%
CRISIS STABILIZATION	222	13.03%
CRISIS INTERVENTION	186	10.92%
ICC	146	8.57%
HOSPITAL INPATIENT	95	5.58%
IHBS	95	5.58%
DAY TX INTENSIVE FULL DAY	68	3.99%
ADULT RESIDENTIAL	23	1.35%
ADULT CRISIS RESIDENTIAL	14	0.82%
PHF	10	0.59%
DAY TX REHABILITATIVE HALF DAY	2	0.12%

Service Metrics:

Table 6e
Children
Day Rehabilitation Full Day Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	1,704
Mean	$ 10,368
Standard Deviation	$ 9,933
Median	$ 6,867
Mode	$ 275
Interquartile Range	$ 14,970

Quartile	Amount
100%	$ 41,694
99%	$ 33,648
95%	$ 30,215
90%	$ 26,910
75%	$ 16,755
50%	$ 6,867
25%	$ 1,785

Table 6f
Children
Day Rehabilitation Full Days
Fiscal Year 2013-14

Statistic	Days
Number of Clients	1,704
Mean	75
Standard Deviation	73
Median	50
Mode	2
Interquartile Range	111

Quartile	Days
100%	280
99%	245
95%	223
90%	197
75%	123
50%	50
25%	12

Table 6g
Children
Historical Trends
Day Rehabilitation Full Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	1,759	1,932	1,704	1,291
Number of Days	120,826	144,001	128,329	118,515
Days Per Client	69	75	75	92
Approved Amount	$14,370,106	$19,005,324	$17,666,406	$16,274,488

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Day Treatment Intensive Half Day

Day Treatment Intensive (Half-Day):
Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Day Treatment Intensive Half Day Services is for a sharp decrease in costs.

The Department believes that the reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes with less costly services. Counties are serving fewer children in group home and non-public school settings, which are the primary providers of day treatment and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 819,123	228
Actual	FY 2011-12	$ 2,367,074	217
Actual[1]	FY 2012-13	$ 41,506	52
Actual	FY 2013-14	$ 332,438	65
Actual + Forecast	FY 2014-15	$ -	-
Forecast	FY 2015-16	$ -	-
Forecast	FY 2016-17	$ -	-

[1]The forecast dollars are unreasonably low due to a reporting error by San Diego county that year
Actual data as of December 31, 2014

Budget Forecast Narrative:
There has been a sharp decline in cost with Day Treatment Intensive Half Day services over the past few years. The dollar amount for claims is expected to significantly decrease in FY 2015-16 and FY 2016-17.

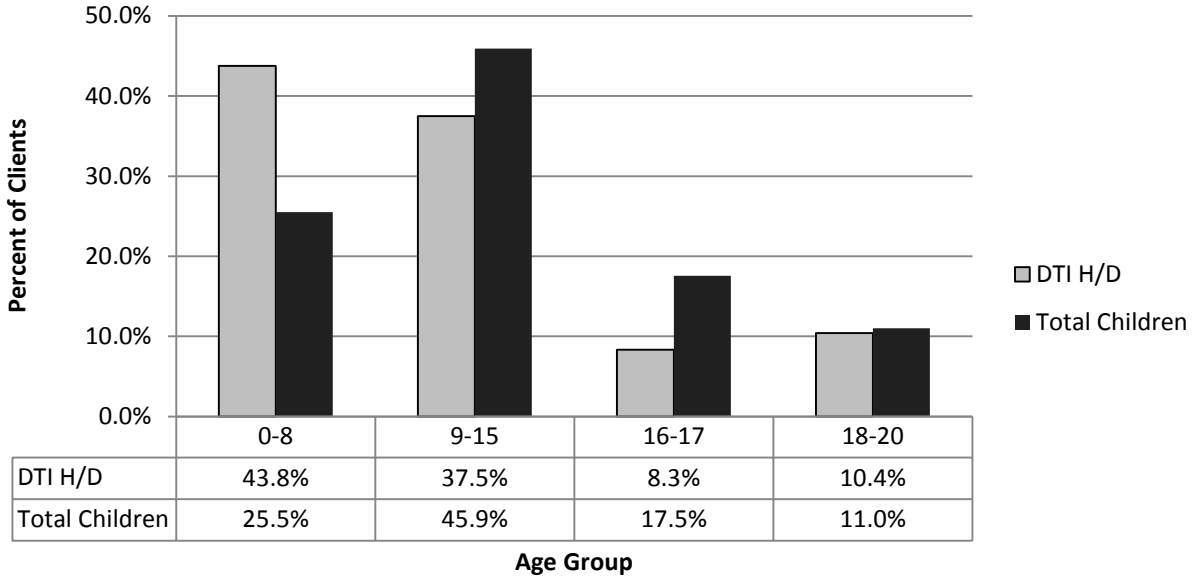
Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:

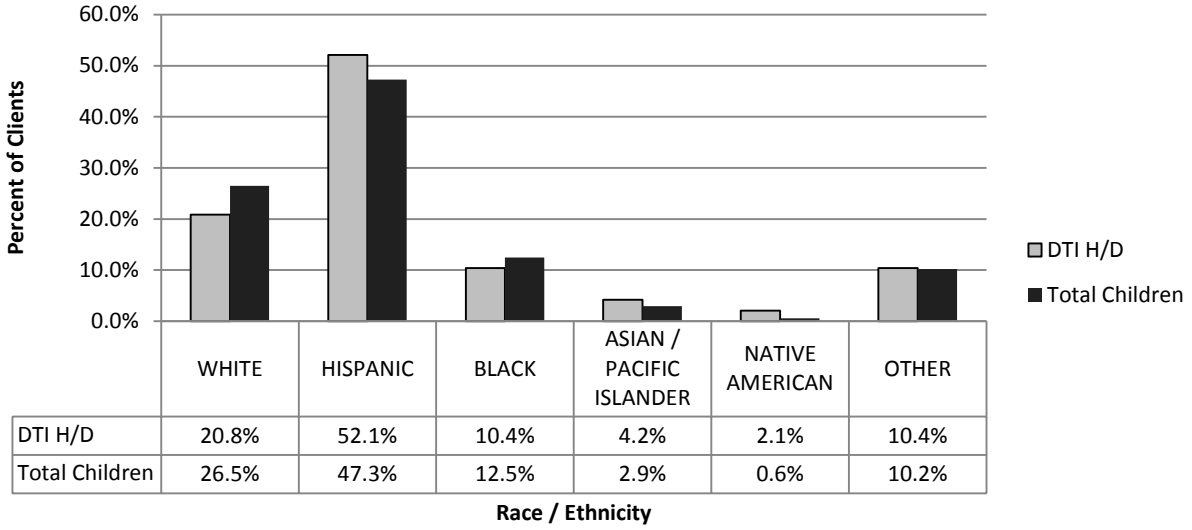
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 7a
CHILDREN
Clients Receiving Day Treatment Intensive-Half Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



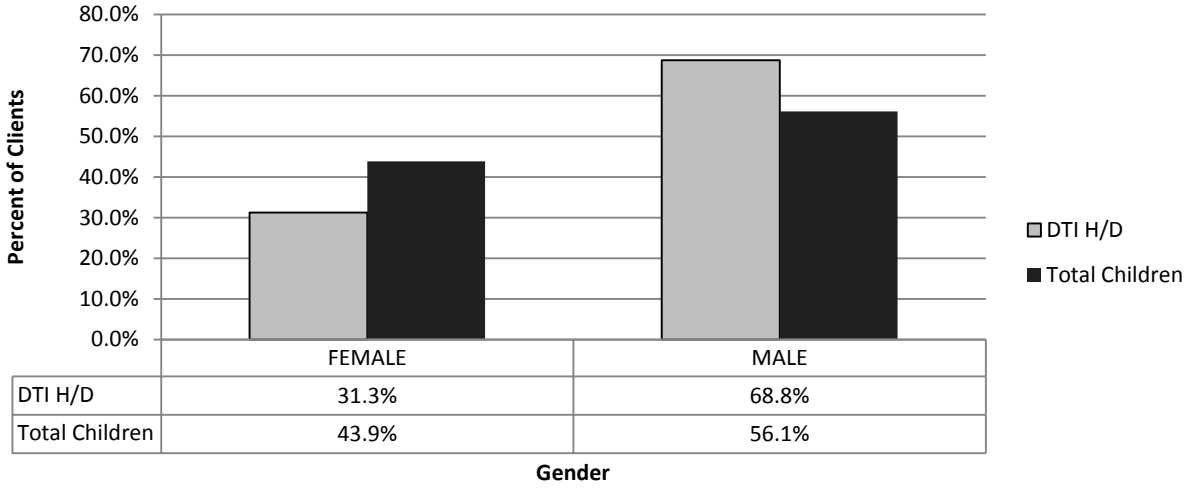
	0-8	9-15	16-17	18-20
DTI H/D	43.8%	37.5%	8.3%	10.4%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 7b
CHILDREN
Clients Receiving Day Treatment Intensive-Half Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DTI H/D	20.8%	52.1%	10.4%	4.2%	2.1%	10.4%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 7c
CHILDREN
Clients Receiving Day Treatment Intensive-Half Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DTI H/D	31.3%	68.8%
Total Children	43.9%	56.1%

Table 7d
Other Services Received by Children Receiving Day Treatment Intensive Half Day Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
DAY TX INTENSIVE HALF DAY	46	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	44	95.65%
TARGETED CASE MANAGEMENT	43	93.48%
DAY TX INTENSIVE FULL DAY	36	78.26%
MEDICATION SUPPORT	34	73.91%
THERAPEUTIC BEHAVIORAL SERVICES	20	43.48%
CRISIS INTERVENTION	11	23.91%
CRISIS STABILIZATION	7	15.22%
FFS-HOSPITAL INPATIENT	5	10.87%
ICC	2	4.35%
ADULT CRISIS RESIDENTIAL	1	2.17%
IHBS	1	2.17%
PHF	1	2.17%

Service Metrics:

Table 7e
Children
Day Treatment Intensive Half Day Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	46
Mean	$ 4,554
Standard Deviation	$ 4,787
Median	$ 2,644
Mode	$ 275
Interquartile Range	$ 5,897

Quartile	Amount
100%	$ 16,275
99%	$ 16,275
95%	$ 15,332
90%	$ 12,146
75%	$ 6,368
50%	$ 2,644
25%	$ 472

Table 7f
Children
Day Treatment Intensive Half Day
Fiscal Year 2013-14

Statistic	Half-Days
Number of Clients	46
Mean	15
Standard Deviation	23
Median	1
Mode	0
Interquartile Range	27

Quartile	Half-Days
100%	69
99%	69
95%	65
90%	60
75%	27
50%	1
25%	0

Table 7g
Children
Historical Trends
Day Treatment Intensive Half Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	217	52	65	0
Number of Half Days	22,212	236	990	0
Days Per Client	102	5	15	0
Approved Amount	$2,367,074	$41,506	$332,438	0

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Day Treatment Intensive Full Day

Day Treatment Intensive (Full-Day):
Day treatment intensive services are provided in a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the client in a community setting. The day treatment intensive program provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
There has been a sharp decline in costs and clients with Day Treatment Intensive Full Day services over the past few years. The forecast for Day Treatment Intensive Full Day Services is for continued decreases in clients and costs.

The Department believes that the reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes with less costly services. Counties are serving fewer children in group home and non-public school settings, which are the primary providers of day treatment and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

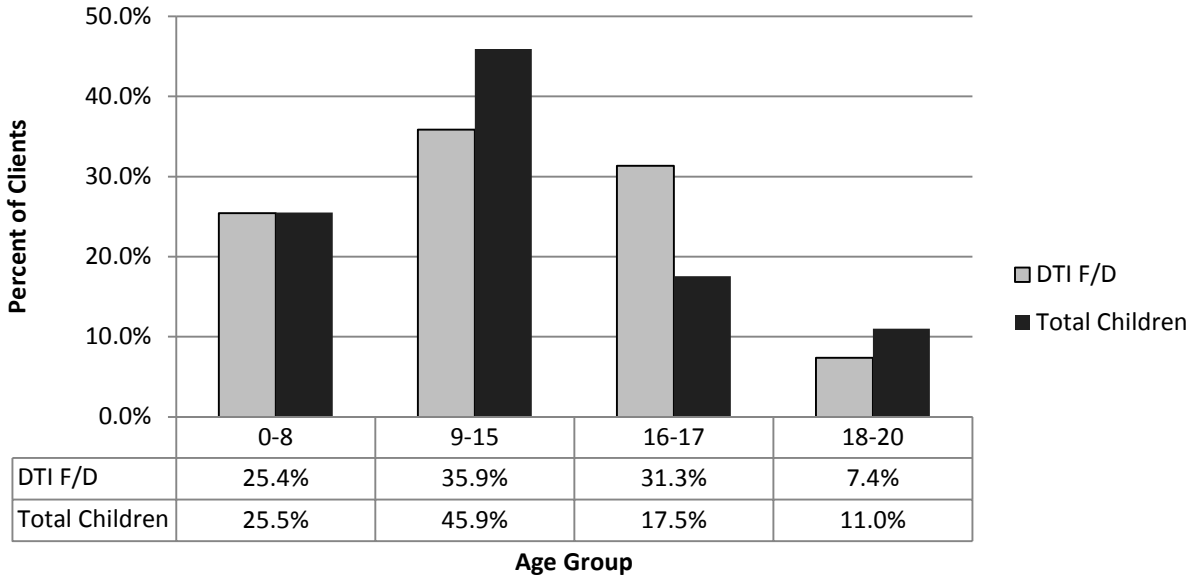
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 41,591,508	2,369
Actual	FY 2011-12	$ 39,317,150	2,283
Actual	FY 2012-13	$ 35,027,540	1,902
Actual	FY 2013-14	$ 30,723,216	1,551
Actual + Forecast	FY 2014-15	$ 14,515,663	614
Forecast	FY 2015-16	$ 8,211,185	213
Forecast	FY 2016-17	$ 1,906,705	322
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs and clients are expected to decline through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

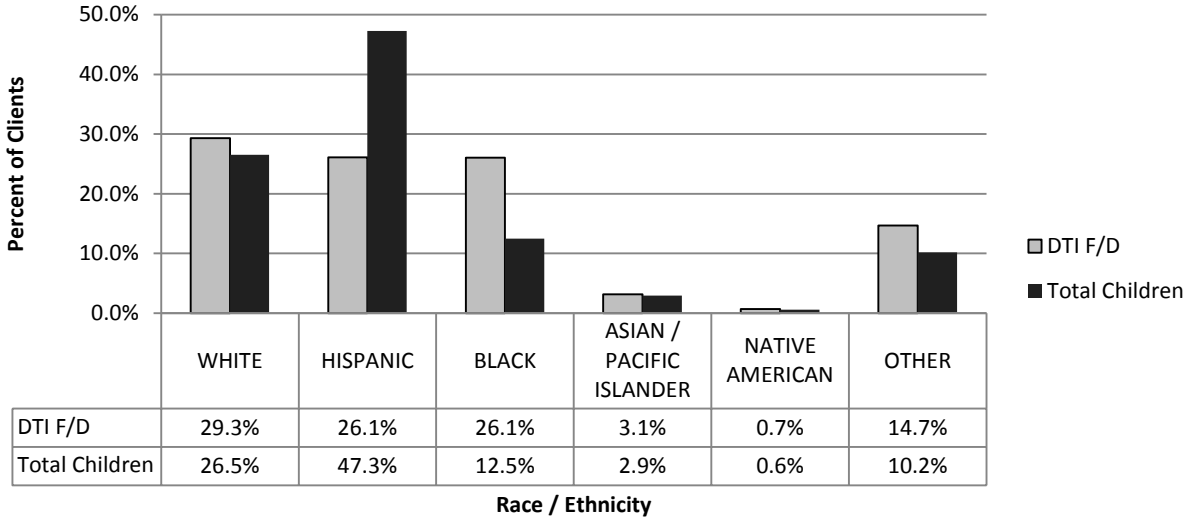
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 8a
CHILDREN
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



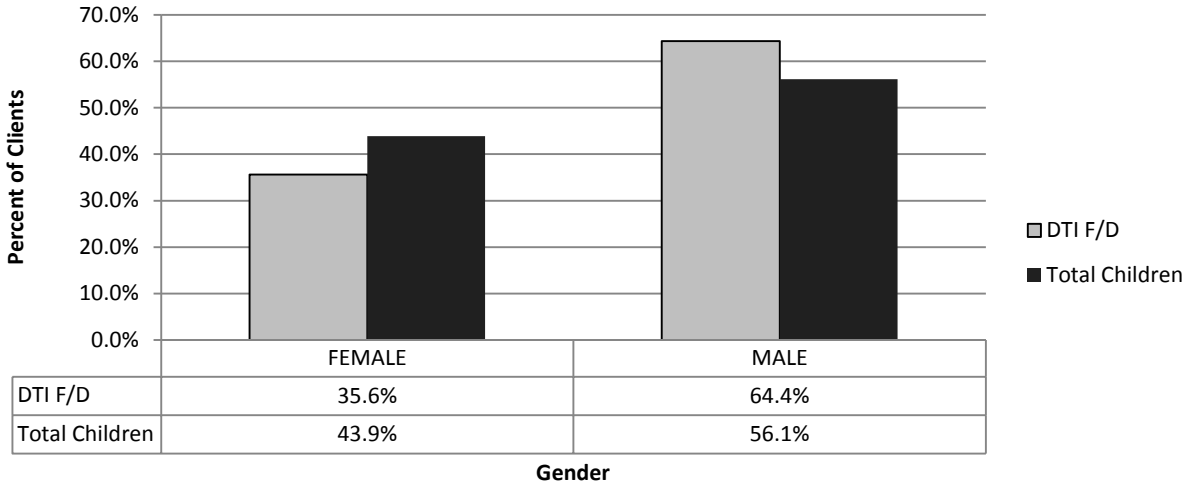
	0-8	9-15	16-17	18-20
DTI F/D	25.4%	35.9%	31.3%	7.4%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 8b
CHILDREN
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DTI F/D	29.3%	26.1%	26.1%	3.1%	0.7%	14.7%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 8c
CHILDREN
Clients Receiving Day Treatment Intensive-Full Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DTI F/D	35.6%	64.4%
Total Children	43.9%	56.1%

Table 8d
Other Services Received by Children Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
DAY TX INTENSIVE FULL DAY	1,551	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,319	85.04%
MEDICATION SUPPORT	1,155	74.47%
TARGETED CASE MANAGEMENT	866	55.83%
CRISIS INTERVENTION	385	24.82%
THERAPEUTIC BEHAVIORAL SERVICES	367	23.66%
FFS-HOSPITAL INPATIENT	241	15.54%
CRISIS STABILIZATION	214	13.80%
PHF	92	5.93%
ICC	85	5.48%
DAY TX REHABILITATIVE FULL DAY	68	4.38%
IHBS	66	4.26%
HOSPITAL INPATIENT	38	2.45%
DAY TX INTENSIVE HALF DAY	36	2.32%
ADULT RESIDENTIAL	8	0.52%
DAY TX REHABILITATIVE HALF DAY	4	0.26%
ADULT CRISIS RESIDENTIAL	3	0.19%

Service Metrics:

Table 8e
Children
Day Treatment Intensive Full Day Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	1,551
Mean	$ 19,809
Standard Deviation	$ 17,413
Median	$ 15,554
Mode	$ 26,721
Interquartile Range	$ 24,060

Quartile	Amount
100%	$ 108,731
99%	$ 75,963
95%	$ 52,479
90%	$ 42,713
75%	$ 29,715
50%	$ 15,554
25%	$ 5,655

Table 8f
Children
Day Treatment Intensive Full Days
Fiscal Year 2013-14

Statistic	Days
Number of Clients	1,551
Mean	89
Standard Deviation	68
Median	77
Mode	10
Interquartile Range	114

Quartile	Days
100%	308
99%	245
95%	210
90%	190
75%	141
50%	77
25%	27

Table 8g
Children
Historical Trends
Day Treatment Intensive Full Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	2,283	1,902	1,551	614
Number of Days	211,018	170,897	137,439	62,134
Days Per Client	92	90	89	101
Approved Amount	$39,317,150	$35,027,540	$30,723,216	$14,515,663

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Medication Support

Medication Support:
Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Summary:
The number of clients is forecasted to increase slightly with an overall increase in costs through FY 2014-15 and FY 2015-16.

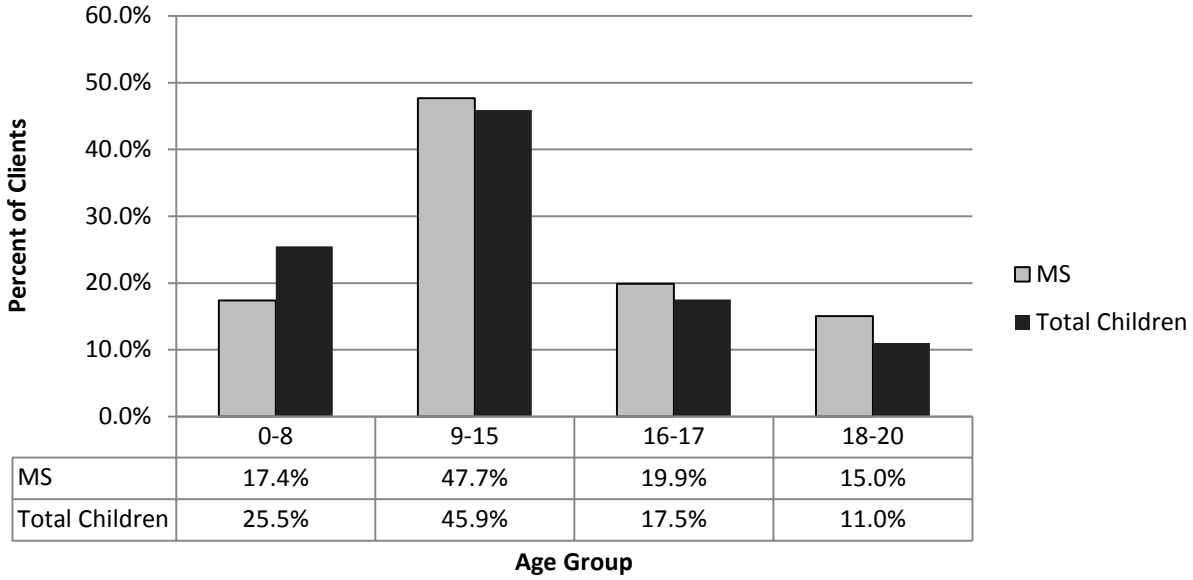
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 95,677,029	70,304
Actual	FY 2011-12	$ 98,083,312	72,828
Actual	FY 2012-13	$ 115,689,093	77,077
Actual	FY 2013-14	$ 123,034,246	80,162
Actual + Forecast	FY 2014-15	$ 130,046,117	80,456
Forecast	FY 2015-16	$ 137,304,504	82,560
Forecast	FY 2016-17	$ 144,562,893	84,666
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The Medication Support costs and clients are expected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

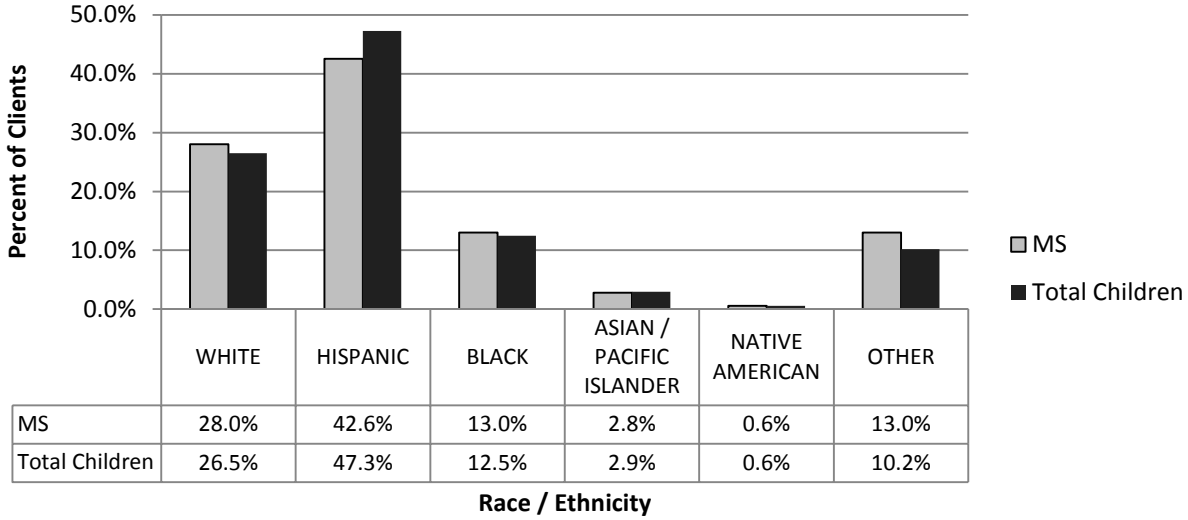
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 9a
CHILDREN
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



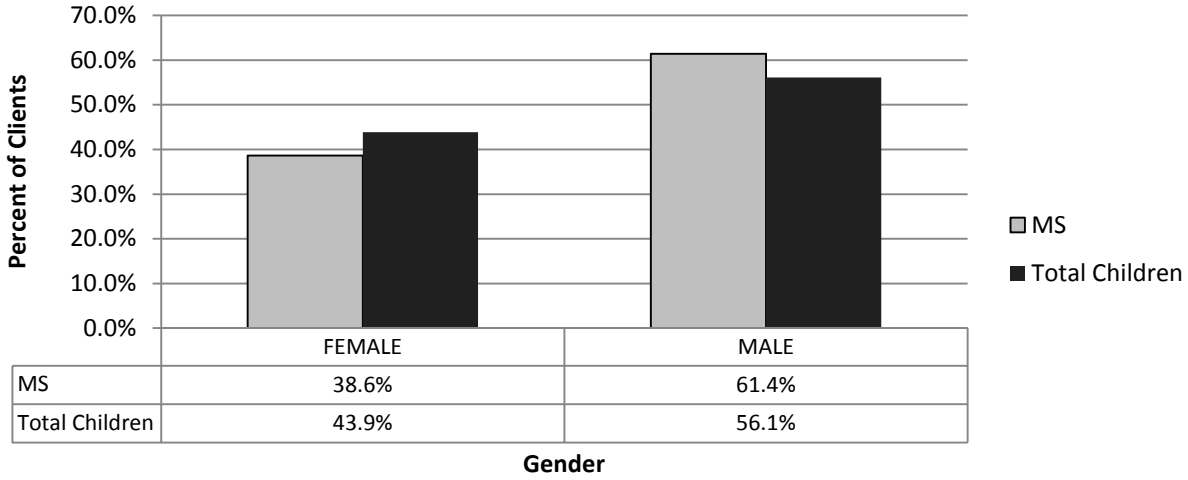
	0-8	9-15	16-17	18-20
MS	17.4%	47.7%	19.9%	15.0%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 9b
CHILDREN
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
MS	28.0%	42.6%	13.0%	2.8%	0.6%	13.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 9c
CHILDREN
Clients Receiving Medication Support Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
MS	38.6%	61.4%
Total Children	43.9%	56.1%

Table 9d
Other Services Received by Children Receiving Medication Support Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
MEDICATION SUPPORT	80,162	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	71,608	89.33%
TARGETED CASE MANAGEMENT	42,032	52.43%
CRISIS INTERVENTION	11,040	13.77%
FFS-HOSPITAL INPATIENT	8,211	10.24%
THERAPEUTIC BEHAVIORAL SERVICES	5,774	7.20%
CRISIS STABILIZATION	5,231	6.53%
ICC	3,391	4.23%
IHBS	2,808	3.50%
HOSPITAL INPATIENT	1,418	1.77%
DAY TX REHABILITATIVE FULL DAY	1,272	1.59%
DAY TX INTENSIVE FULL DAY	1,155	1.44%
PHF	508	0.63%
ADULT CRISIS RESIDENTIAL	287	0.36%
ADULT RESIDENTIAL	85	0.11%
DAY TX REHABILITATIVE HALF DAY	52	0.06%
DAY TX INTENSIVE HALF DAY	34	0.04%

Service Metrics:

Table 9e
Children
Medication Support Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	80,162
Mean	$ 1,535
Standard Deviation	$ 1,998
Median	$ 996
Mode	$ 569
Interquartile Range	$ 1,421

Quartile	Amount
100%	$ 77,424
99%	$ 8,931
95%	$ 4,441
90%	$ 3,244
75%	$ 1,916
50%	$ 996
25%	$ 495

Table 9f
Children
Medication Support Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	80,162
Mean	307
Standard Deviation	384
Median	210
Mode	120
Interquartile Range	267

Quartile	Minutes
100%	14,280
99%	1,705
95%	850
90%	626
75%	379
50%	210
25%	112

Table 9g
Children
Historical Trends
Medication Support by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	72,828	77,077	80,162	80,456
Number of Minutes	23,030,473	23,609,547	24,624,700	25,288,051
Minutes Per Client	316	306	307	314
Approved Amount	$98,083,312	$115,689,093	$123,034,246	$130,046,117

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Psychiatric Health Facility Services

Psychiatric Health Facility (PHF):
"Psychiatric Health Facility" means a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Hospital Inpatient".

Summary:
The forecast for Psychiatric Health Facility (PHF) Services shows an increase in the number of clients and total costs through FY 2014-15 and FY 2015-16.

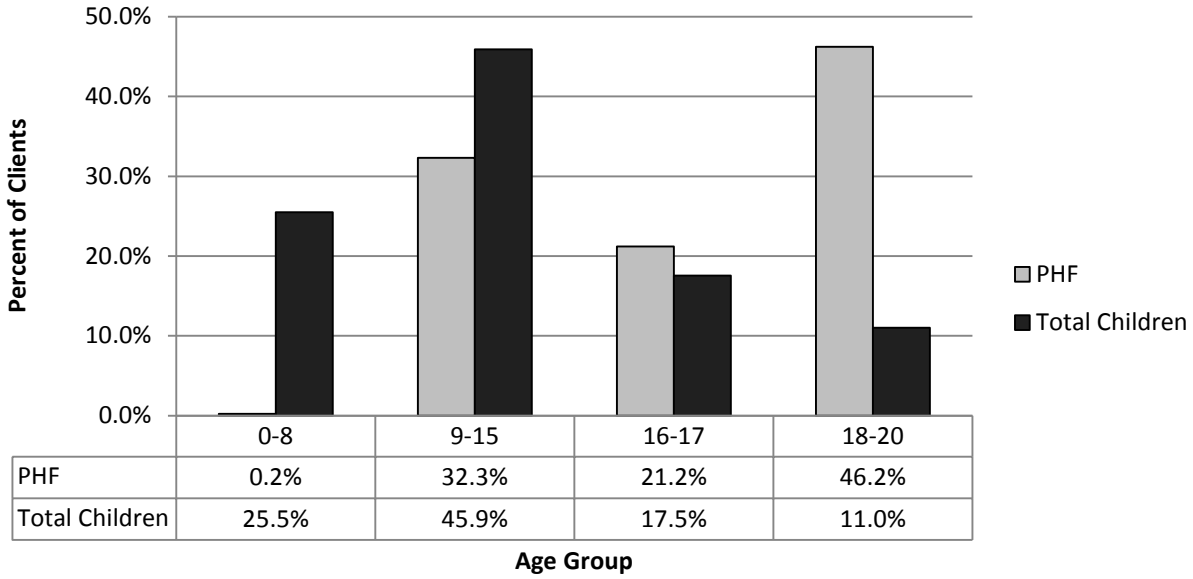
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 4,669,113	600
Actual	FY 2011-12	$ 4,728,582	627
Actual	FY 2012-13	$ 6,065,148	751
Actual	FY 2013-14	$ 8,513,707	778
Actual + Forecast	FY 2014-15	$ 9,485,097	781
Forecast	FY 2015-16	$ 10,622,729	819
Forecast	FY 2016-17	$ 11,760,361	862
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The total annual costs and the number of clients served are expected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

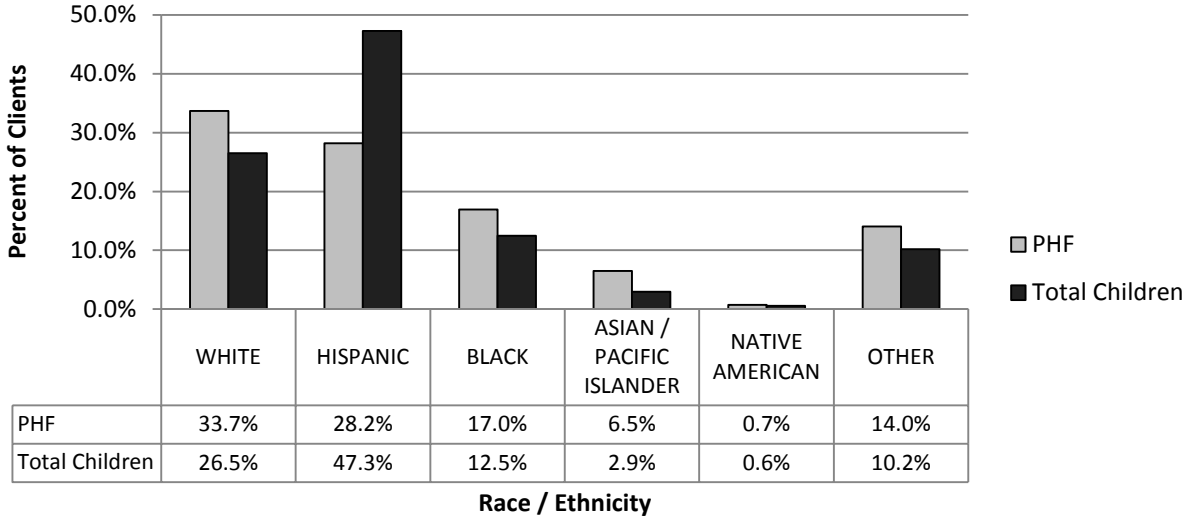
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 10a
CHILDREN
Clients Receiving Psychiatric Health Facility Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



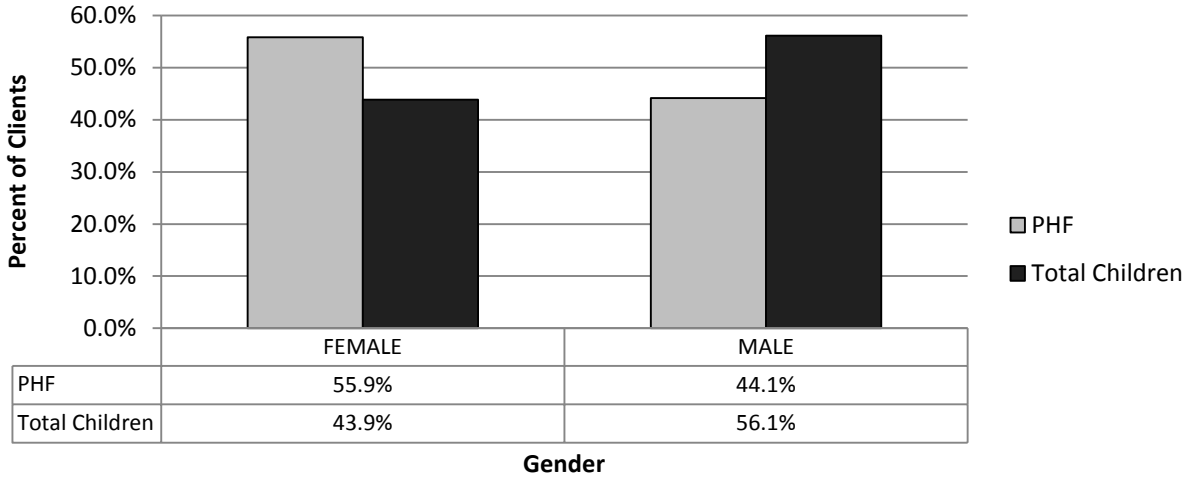
	0-8	9-15	16-17	18-20
PHF	0.2%	32.3%	21.2%	46.2%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 10b
CHILDREN
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
PHF	33.7%	28.2%	17.0%	6.5%	0.7%	14.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 10c
CHILDREN
Clients Receiving Psychiatric Health Facility Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
PHF	55.9%	44.1%
Total Children	43.9%	56.1%

Table 10d
Other Services Received by Children Receiving Psychiatric Health Facility Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
PHF	778	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	558	71.72%
MEDICATION SUPPORT	508	65.30%
CRISIS STABILIZATION	475	61.05%
TARGETED CASE MANAGEMENT	453	58.23%
CRISIS INTERVENTION	425	54.63%
FFS-HOSPITAL INPATIENT	219	28.15%
THERAPEUTIC BEHAVIORAL SERVICES	103	13.24%
DAY TX INTENSIVE FULL DAY	92	11.83%
ADULT CRISIS RESIDENTIAL	36	4.63%
HOSPITAL INPATIENT	23	2.96%
ICC	21	2.70%
IHBS	13	1.67%
DAY TX REHABILITATIVE FULL DAY	10	1.29%
ADULT RESIDENTIAL	5	0.64%
DAY TX INTENSIVE HALF DAY	1	0.13%

Service Metrics:

Table 10e
Children
Psychiatric Health Facility Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	778
Mean	$ 10,943
Standard Deviation	$ 19,952
Median	$ 4,513
Mode	$ 1,479
Interquartile Range	$ 9,356

Quartile	Amount
100%	$ 263,278
99%	$ 95,736
95%	$ 42,302
90%	$ 24,486
75%	$ 11,456
50%	$ 4,513
25%	$ 2,100

Table 10f
Children
Psychiatric Health Facility Days
Fiscal Year 2013-14

Statistic	Days
Number of Clients	778
Mean	14
Standard Deviation	31
Median	5
Mode	2
Interquartile Range	11

Quartile	Days
100%	358
99%	167
95%	66
90%	34
75%	13
50%	5
25%	2

Table 10g
Children
Historical Trends
Psychiatric Health Facility Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	627	751	778	781
Number of Days	8,326	10,812	11,248	11,172
Days Per Client	13	14	14	14
Approved Amount	$4,728,582	$6,065,148	$8,513,707	$9,485,097

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:
Psychiatric hospital inpatient services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by SD/MC hospitals and FFS/MC hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC hospital inpatient services via the SD/MC claiming system.

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by SD/MC hospitals shows a small growth in cost and a slight decrease in clients through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 12,506,982	1,975
Actual	FY 2011-12	$ 13,200,712	2,009
Actual	FY 2012-13	$ 16,496,618	2,086
Actual + Forecast	FY 2013-14	$ 17,249,709	2,061
Forecast	FY 2014-15	$ 16,905,345	2,183
Forecast	FY 2015-16	$ 17,448,182	2,248
Forecast	FY 2016-17	$ 17,991,022	2,313
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Psychiatric Hospital Inpatient Services are forecast to increase slightly through FY 2015-16 and FY 2016-17.

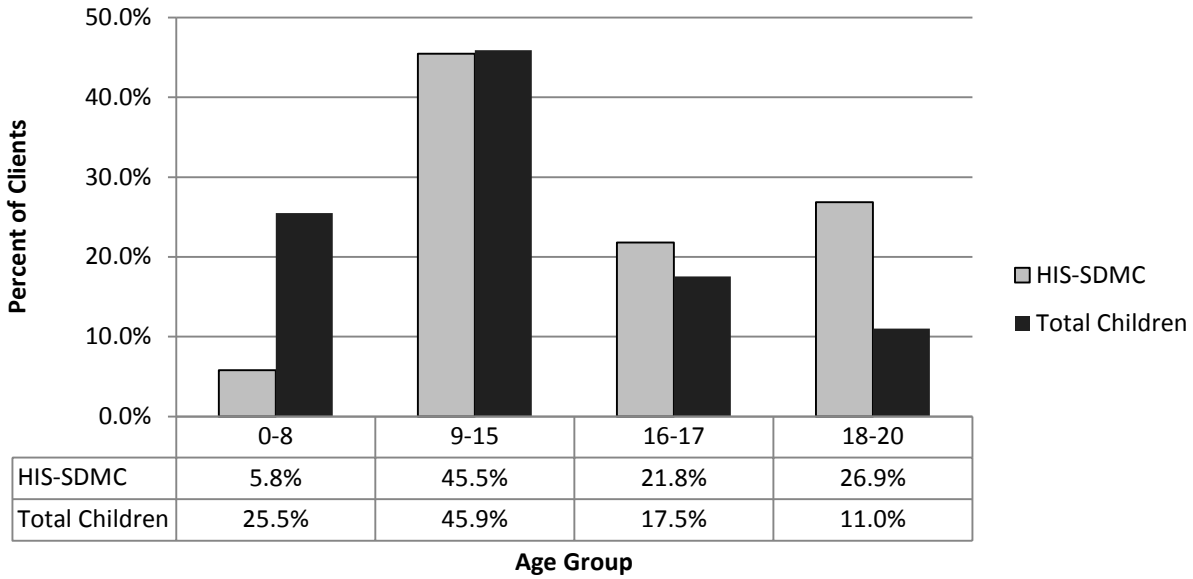
Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:

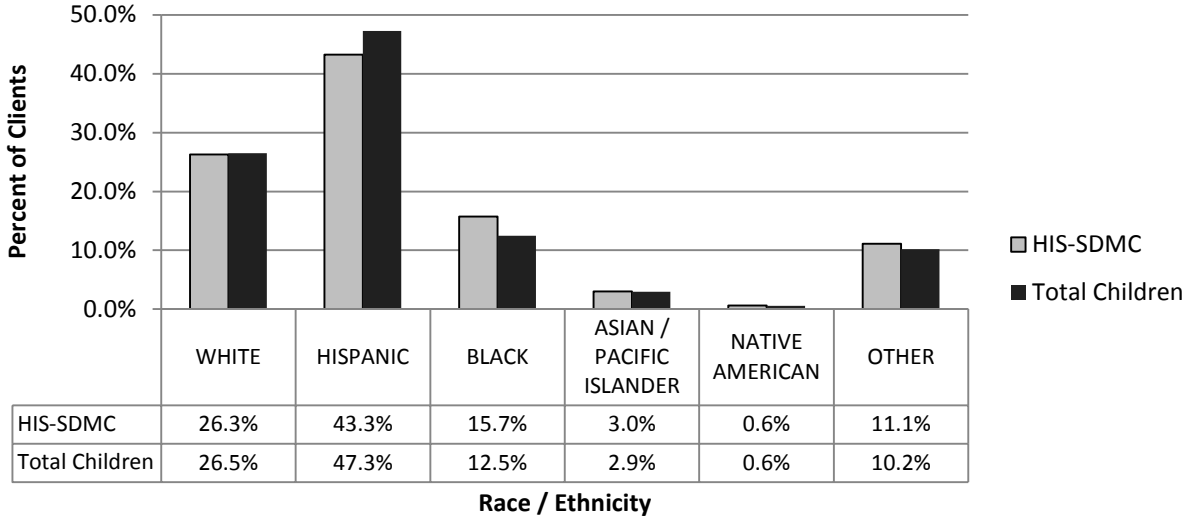
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 11a
CHILDREN
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



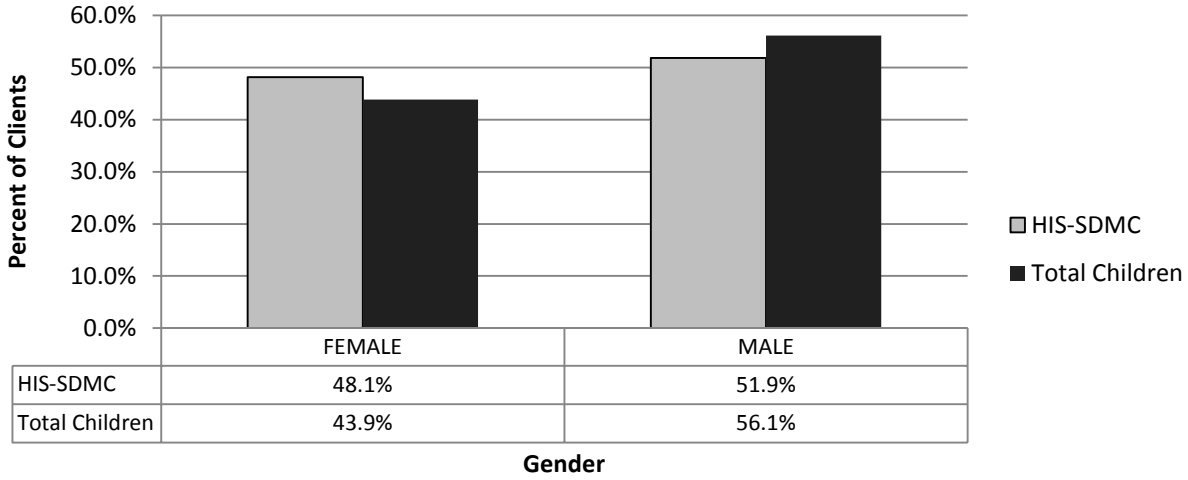
	0-8	9-15	16-17	18-20
HIS-SDMC	5.8%	45.5%	21.8%	26.9%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 11b
CHILDREN
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
HIS-SDMC	26.3%	43.3%	15.7%	3.0%	0.6%	11.1%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 11c
CHILDREN
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
HIS-SDMC	48.1%	51.9%
Total Children	43.9%	56.1%

Table 11d
Other Services Received by Children Receiving Hospital Inpatient Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
HOSPITAL INPATIENT	2,061	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,705	82.73%
MEDICATION SUPPORT	1,418	68.80%
TARGETED CASE MANAGEMENT	1,260	61.14%
CRISIS STABILIZATION	1,234	59.87%
CRISIS INTERVENTION	975	47.31%
FFS-HOSPITAL INPATIENT	589	28.58%
THERAPEUTIC BEHAVIORAL SERVICES	260	12.62%
ICC	175	8.49%
IHBS	162	7.86%
DAY TX REHABILITATIVE FULL DAY	95	4.61%
ADULT CRISIS RESIDENTIAL	72	3.49%
DAY TX INTENSIVE FULL DAY	38	1.84%
PHF	23	1.12%
ADULT RESIDENTIAL	18	0.87%
DAY TX REHABILITATIVE HALF DAY	2	0.10%

Service Metrics:

Table 11e
Children
Psychiatric Hospital Inpatient Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	2,061
Mean	$ 8,370
Standard Deviation	$ 10,650
Median	$ 4,914
Mode	$ 1,638
Interquartile Range	$ 6,990

Quartile	Amount
100%	$ 120,586
99%	$ 55,102
95%	$ 27,846
90%	$ 18,018
75%	$ 9,710
50%	$ 4,914
25%	$ 2,720

Table 11f
Children
Psychiatric Hospital Inpatient Days
Fiscal Year 2013-14

Statistic	Days
Number of Clients	2,061
Mean	9
Standard Deviation	11
Median	5
Mode	2
Interquartile Range	9

Quartile	Days
100%	103
99%	54
95%	31
90%	21
75%	11
50%	5
25%	2

Table 11g
Children
Historical Trends
Psychiatric Hospital Inpatient by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	2,009	2,086	2,061	2,183
Number of Days	15,833	17,350	17,721	17,601
Days Per Client	8	8	9	8
Approved Amount	$13,200,712	$16,496,618	$17,249,709	$16,905,345

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Targeted Case Management

Targeted Case Management (TCM):
Targeted case management (TCM) is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Summary:
The forecast for Targeted Case Management Services shows slight decline in cost and slight growth in clients through FY 2014-15 and FY 2015-16.

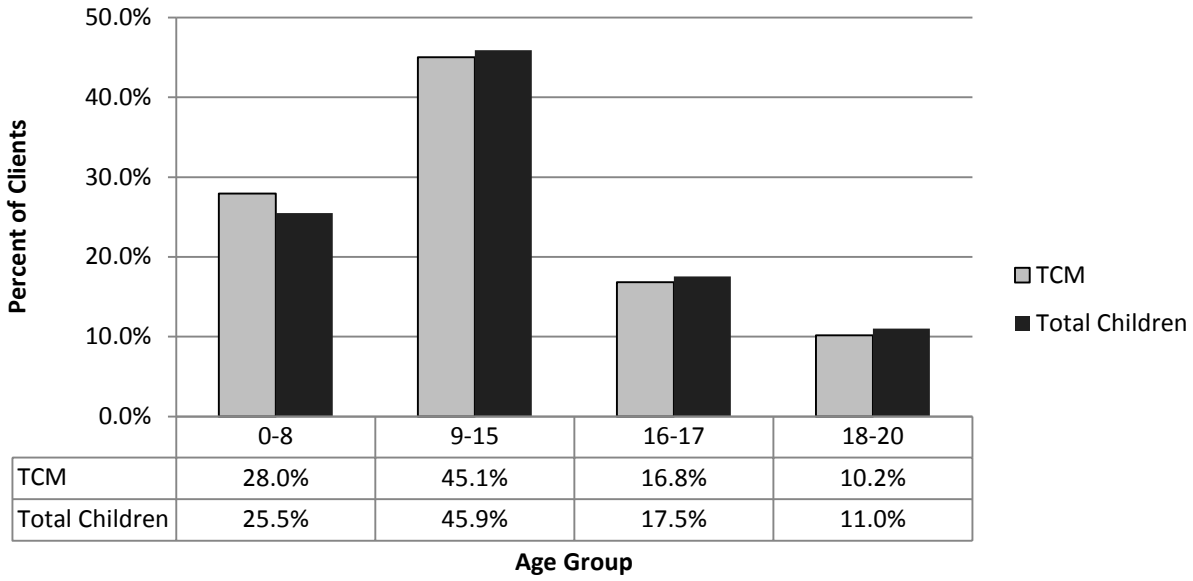
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 76,049,716	90,139
Actual	FY 2011-12	$ 75,874,754	94,279
Actual	FY 2012-13	$ 88,130,671	95,987
Actual	FY 2013-14	$ 85,503,265	100,639
Forecast	FY 2014-15	$ 82,317,869	100,603
Forecast	FY 2015-16	$ 82,876,020	102,564
Forecast	FY 2016-17	$ 83,434,168	104,529
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs and clients for Targeted Case Management are forecasted to slightly increase through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

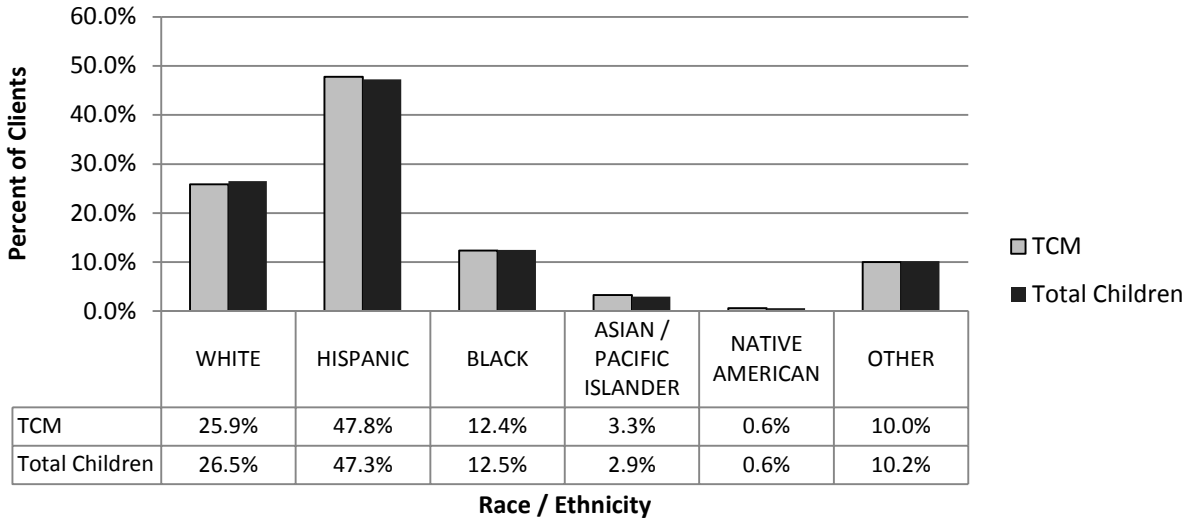
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 12a
CHILDREN
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



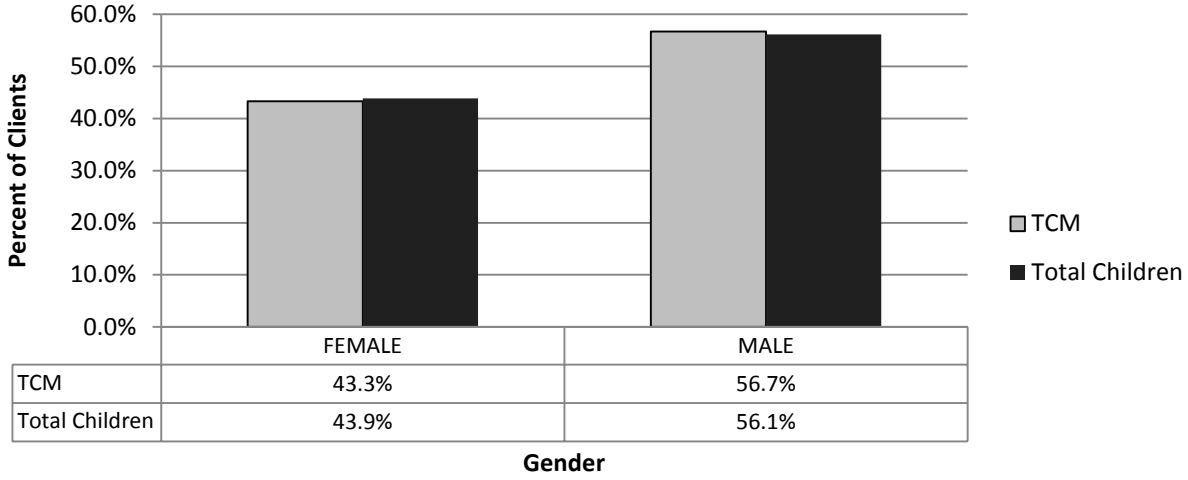
	0-8	9-15	16-17	18-20
TCM	28.0%	45.1%	16.8%	10.2%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 12b
CHILDREN
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
TCM	25.9%	47.8%	12.4%	3.3%	0.6%	10.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 12c
CHILDREN
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
TCM	43.3%	56.7%
Total Children	43.9%	56.1%

Table 12d
Other Services Received by Children Receiving Targeted Case Management Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
TARGETED CASE MANAGEMENT	100,639	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	96,644	96.03%
MEDICATION SUPPORT	42,032	41.77%
CRISIS INTERVENTION	12,387	12.31%
FFS-HOSPITAL INPATIENT	6,816	6.77%
THERAPEUTIC BEHAVIORAL SERVICES	5,858	5.82%
CRISIS STABILIZATION	4,959	4.93%
ICC	4,447	4.42%
IHBS	3,560	3.54%
HOSPITAL INPATIENT	1,260	1.25%
DAY TX INTENSIVE FULL DAY	866	0.86%
DAY TX REHABILITATIVE FULL DAY	494	0.49%
PHF	453	0.45%
ADULT CRISIS RESIDENTIAL	232	0.23%
ADULT RESIDENTIAL	86	0.09%
DAY TX INTENSIVE HALF DAY	43	0.04%
DAY TX REHABILITATIVE HALF DAY	21	0.02%

Service Metrics:

Table 12e
Children
Targeted Case Management Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	100,639
Mean	$ 850
Standard Deviation	$ 2,063
Median	$ 276
Mode	$ 142
Interquartile Range	$ 624

Quartile	Amount
100%	$ 61,137
99%	$ 9,276
95%	$ 3,383
90%	$ 1,909
75%	$ 743
50%	$ 276
25%	$ 119

Table 12f
Children
Targeted Case Management Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	100,639
Mean	366
Standard Deviation	796
Median	128
Mode	30
Interquartile Range	284

Quartile	Minutes
100%	23,020
99%	3,788
95%	1,466
90%	849
75%	340
50%	128
25%	56

Table 12g
Children
Historical Trends
Targeted Case Management by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	94,279	95,987	100,639	100,603
Number of Minutes	41,170,155	37,758,792	36,874,349	36,924,303
Minutes Per Client	437	393	366	367
Approved Amount	$75,874,754	$88,130,671	$85,503,265	$82,317,869

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Therapeutic Behavioral Service

Therapeutic Behavioral Services (TBS):
Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Summary:
TBS has shown rapid growth since its inception. Recent trends reflected in claims data points to continued growth, consistent with the settlement objectives of the Emily Q. lawsuit.

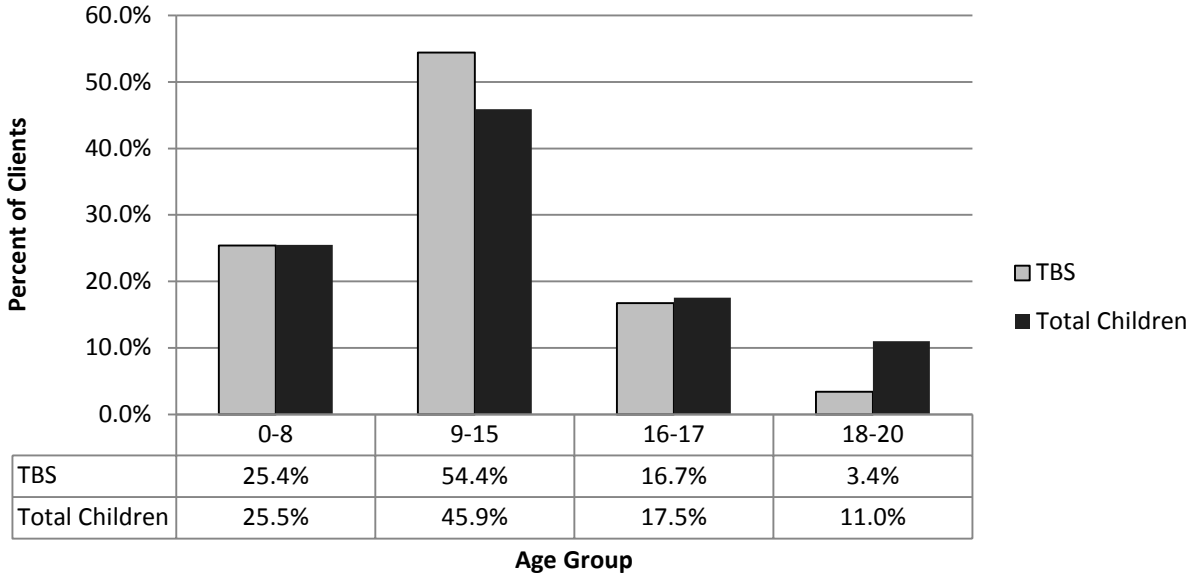
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 80,379,357	6,424
Actual	FY 2011-12	$ 87,071,833	7,332
Actual	FY 2012-13	$ 103,451,558	7,990
Actual	FY 2013-14	$ 101,772,706	8,085
Actual + Forecast	FY 2014-15	$ 101,771,510	8,560
Forecast	FY 2015-16	$ 108,213,099	9,239
Forecast	FY 2016-17	$ 114,654,693	9,915
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Medi-Cal is required to provide TBS services to eligible Medi-Cal beneficiaries under age 21; this requirement was an outcome of a 2001 Judgment and Permanent Injunction in the Emily Q. lawsuit. The settlement established a benchmark whereby four percent of children and youth receiving EPSDT services would be recipients of TBS. TBS has experienced significant caseload and expenditure growth in recent years, with expenditures increasing at a slightly higher rate.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

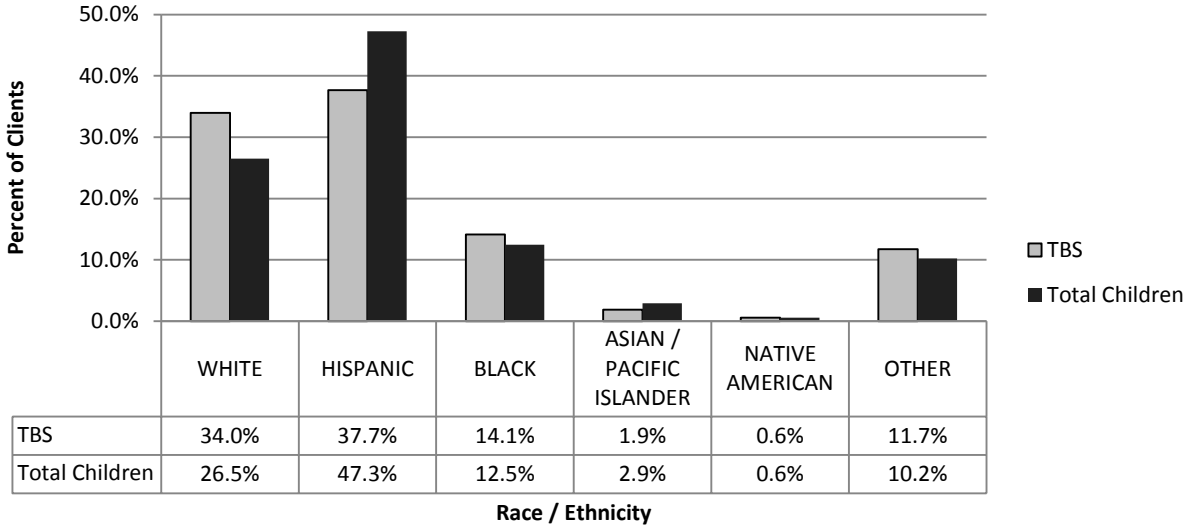
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 13a
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



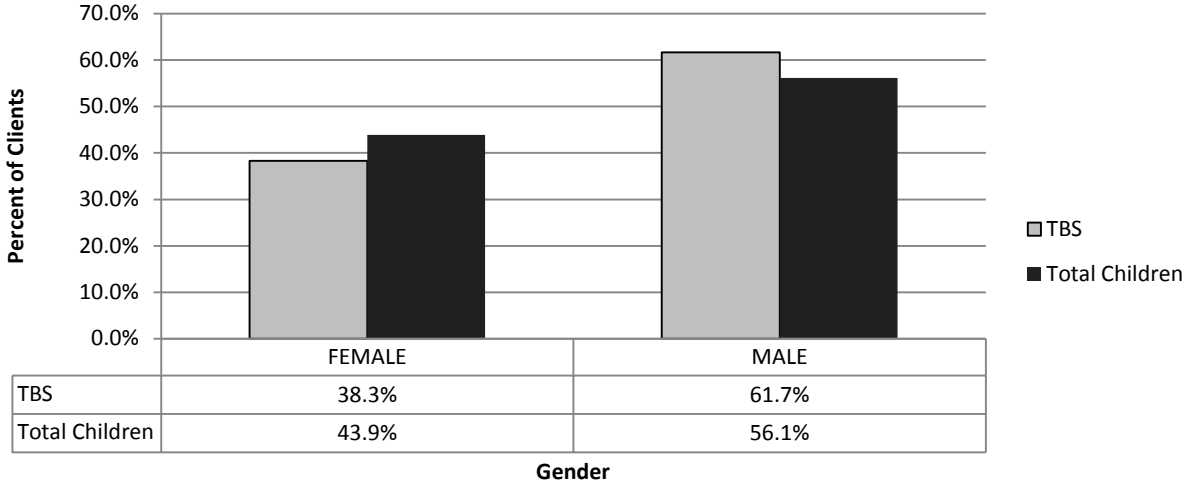
	0-8	9-15	16-17	18-20
TBS	25.4%	54.4%	16.7%	3.4%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 13b
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
TBS	34.0%	37.7%	14.1%	1.9%	0.6%	11.7%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 13c
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
TBS	38.3%	61.7%
Total Children	43.9%	56.1%

Table 13d
Other Services Received by Children Receiving Therapeutic Behavioral Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
THERAPEUTIC BEHAVIORAL SERVICES	8,085	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,861	97.23%
TARGETED CASE MANAGEMENT	5,858	72.46%
MEDICATION SUPPORT	5,774	71.42%
CRISIS INTERVENTION	2,047	25.32%
FFS-HOSPITAL INPATIENT	1,408	17.41%
ICC	1,144	14.15%
CRISIS STABILIZATION	1,002	12.39%
IHBS	857	10.60%
DAY TX INTENSIVE FULL DAY	367	4.54%
HOSPITAL INPATIENT	260	3.22%
DAY TX REHABILITATIVE FULL DAY	248	3.07%
PHF	103	1.27%
DAY TX INTENSIVE HALF DAY	20	0.25%
ADULT CRISIS RESIDENTIAL	14	0.17%
DAY TX REHABILITATIVE HALF DAY	11	0.14%
ADULT RESIDENTIAL	3	0.04%

Service Metrics:

Table 13e
Children
Therapeutic Behavioral Services Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	8,085
Mean	$ 12,588
Standard Deviation	$ 14,182
Median	$ 8,435
Mode	$ -
Interquartile Range	$ 14,765

Quartile	Amount
100%	$ 229,376
99%	$ 64,812
95%	$ 38,334
90%	$ 29,214
75%	$ 17,683
50%	$ 8,435
25%	$ 2,918

Table 13f
Children
Therapeutic Behavioral Services Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	8,085
Mean	5,110
Standard Deviation	5,626
Median	3,496
Mode	75
Interquartile Range	5,867

Quartile	Minutes
100%	60,755
99%	27,413
95%	15,271
90%	11,671
75%	7,080
50%	3,496
25%	1,213

Table 13g
Children
Historical Trends
Therapeutic Behavioral Service by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015
Number of Clients	7,332	7,990	8,085	8,560
Number of Minutes	40,542,905	41,830,100	41,317,256	41,799,784
Minutes Per Client	5,530	5,235	5,110	4,883
Approved Amount	$87,071,833	$103,451,558	$101,772,706	$101,771,510

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Therapy and Other Service Activities

Therapy and Other Service Activities (formerly referred to as Mental Health Services): Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment – A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development – A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy – A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation – A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral – A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution of use and expenditures of each service activity varies over time with changes in client needs.

Summary:
The forecast for Therapy and Other Service Activities dollars and clients shows substantial growth primarily driven by an increase in the number of clients served.

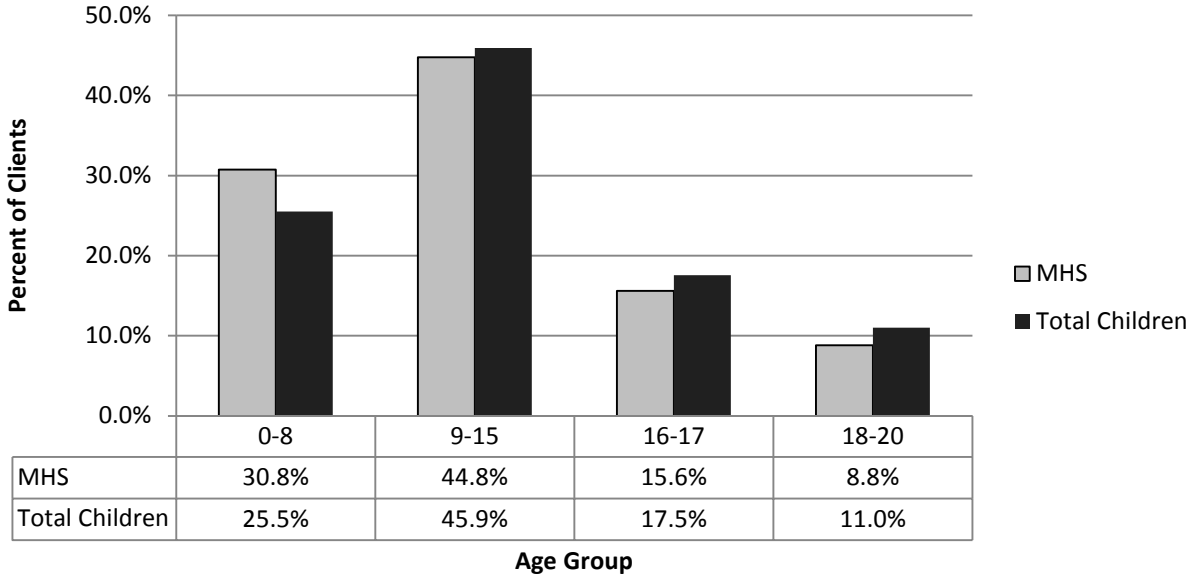
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 870,418,200	199,759
Actual	FY 2011-12	$ 930,565,266	212,987
Actual	FY 2012-13	$ 1,075,120,362	230,371
Actual	FY 2013-14	$ 1,120,099,514	245,483
Actual + Forecast	FY 2014-15	$ 1,175,416,005	251,589
Forecast	FY 2015-16	$ 1,220,701,899	262,734
Forecast	FY 2016-17	$ 1,283,987,791	273,881
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Therapy and Other Service Activities are forecast to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

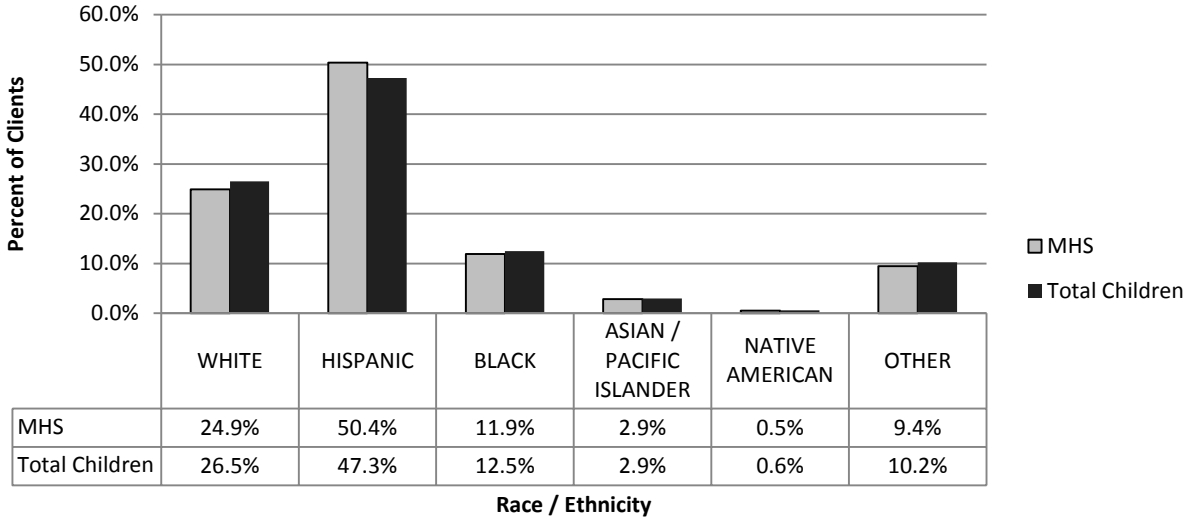
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 14a
CHILDREN
Clients Receiving Therapy and Other Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



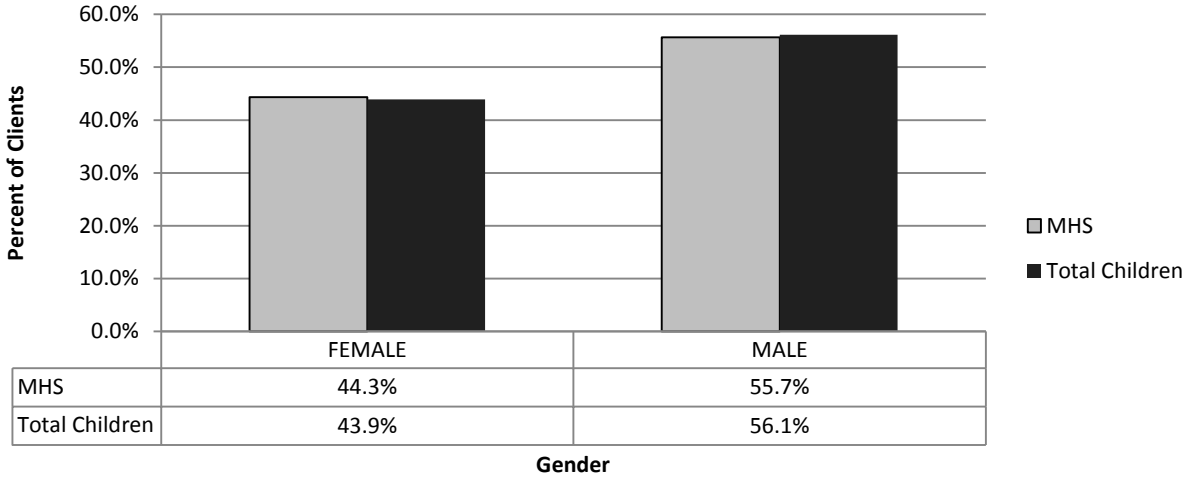
	0-8	9-15	16-17	18-20
MHS	30.8%	44.8%	15.6%	8.8%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 14b
CHILDREN
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
MHS	24.9%	50.4%	11.9%	2.9%	0.5%	9.4%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 14c
CHILDREN
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
MHS	44.3%	55.7%
Total Children	43.9%	56.1%

Table 14d
Other Services Received by Children Receiving Therapy and Other Service Activities
Fiscal Year 2013-14

	Frequency	Percent of Clients
THERAPY AND OTHER SERVICE ACTIVITIES	245,483	100.00%
TARGETED CASE MANAGEMENT	96,644	39.37%
MEDICATION SUPPORT	71,608	29.17%
CRISIS INTERVENTION	16,091	6.55%
FFS-HOSPITAL INPATIENT	10,275	4.19%
THERAPEUTIC BEHAVIORAL SERVICES	7,861	3.20%
CRISIS STABILIZATION	7,012	2.86%
ICC	6,671	2.72%
IHBS	5,299	2.16%
HOSPITAL INPATIENT	1,705	0.69%
DAY TX INTENSIVE FULL DAY	1,319	0.54%
DAY TX REHABILITATIVE FULL DAY	1,068	0.44%
PHF	558	0.23%
ADULT CRISIS RESIDENTIAL	246	0.10%
ADULT RESIDENTIAL	91	0.04%
DAY TX INTENSIVE HALF DAY	44	0.02%
DAY TX REHABILITATIVE HALF DAY	43	0.02%

Service Metrics:

Table 14e
Children
Therapy and Other Service Activities Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	245,483
Mean	$ 4,563
Standard Deviation	$ 7,010
Median	$ 2,371
Mode	$ 120
Interquartile Range	$ 4,827

Quartile	Amount
100%	$ 276,850
99%	$ 31,454
95%	$ 15,902
90%	$ 10,915
75%	$ 5,635
50%	$ 2,371
25%	$ 808

Table 14f
Children
Therapy and Other Service Activities Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	245,483
Mean	1,728
Standard Deviation	2,507
Median	950
Mode	60
Interquartile Range	1,835

Quartile	Minutes
100%	103,071
99%	11,312
95%	5,919
90%	4,091
75%	2,171
50%	950
25%	336

Table 14g
Children
Historical Trends
Therapy and Other Service Activities by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	212,987	230,371	245,483	251,589
Number of Minutes	396,724,647	413,668,209	424,285,598	428,808,846
Minutes Per Client	1,863	1,796	1,728	1,704
Approved Amount	$930,565,266	$1,075,120,362	$1,120,099,514	$1,157,416,005

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals:
Psychiatric hospital inpatient services include both acute psychiatric hospital inpatient services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC hospital inpatient services via the SD/MC claiming system.

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals projects growth in costs and clients through 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 55,327,881	8,996
Actual	FY 2011-12	$ 59,141,553	8,896
Actual	FY 2012-13	$ 64,076,651	10,271
Actual	FY 2013-14	$ 75,615,290	11,882
Actual + Forecast	FY 2014-15	$ 84,457,365	13,133
Forecast	FY 2015-16	$ 90,622,403	14,040
Forecast	FY 2016-17	$ 96,787,441	14,944
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2015-16 and FY 2016-17.

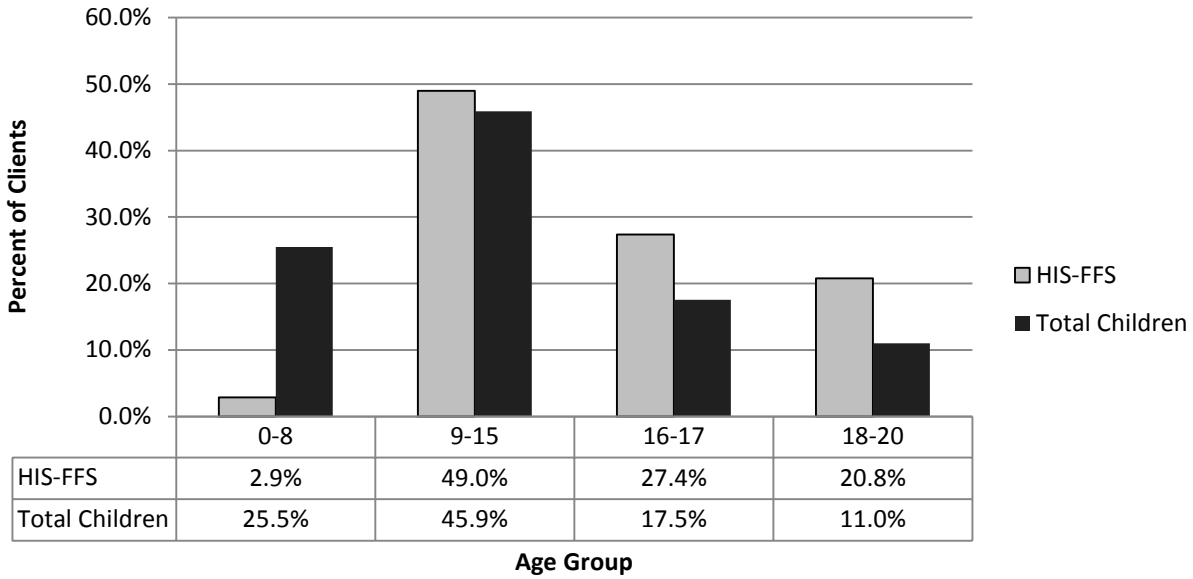
Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:

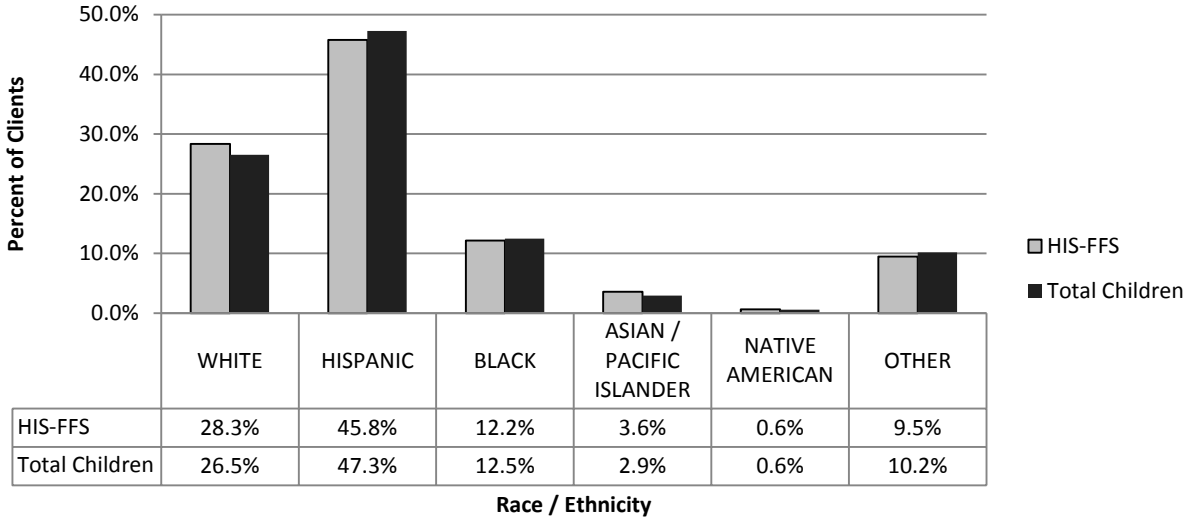
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 15a
CHILDREN
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



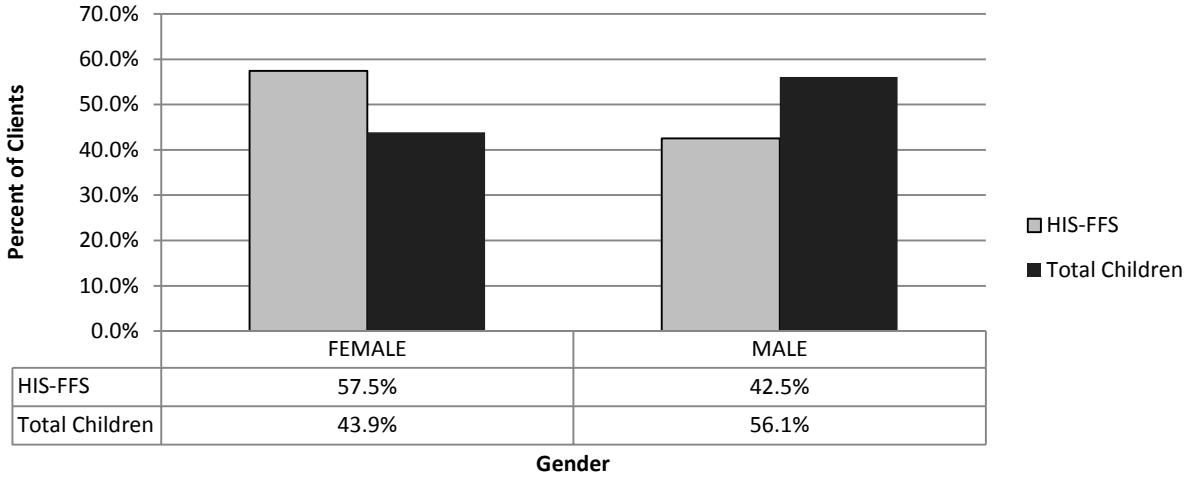
	0-8	9-15	16-17	18-20
HIS-FFS	2.9%	49.0%	27.4%	20.8%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 15b
CHILDREN
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
HIS-FFS	28.3%	45.8%	12.2%	3.6%	0.6%	9.5%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 15c
CHILDREN
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
HIS-FFS	57.5%	42.5%
Total Children	43.9%	56.1%

Table 15d
Other Services Received by Children Receiving FFS Psychiatric Hospital Inpatient Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
FFS-HOSPITAL INPATIENT	11,882	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,275	86.48%
MEDICATION SUPPORT	8,211	69.10%
TARGETED CASE MANAGEMENT	6,816	57.36%
CRISIS INTERVENTION	6,196	52.15%
CRISIS STABILIZATION	3,254	27.39%
THERAPEUTIC BEHAVIORAL SERVICES	1,408	11.85%
ICC	697	5.87%
IHBS	604	5.08%
HOSPITAL INPATIENT	589	4.96%
DAY TX INTENSIVE FULL DAY	241	2.03%
DAY TX REHABILITATIVE FULL DAY	223	1.88%
PHF	219	1.84%
ADULT CRISIS RESIDENTIAL	113	0.95%
ADULT RESIDENTIAL	17	0.14%
DAY TX INTENSIVE HALF DAY	5	0.04%
DAY TX REHABILITATIVE HALF DAY	2	0.02%

Service Metrics:

Table 15e
Children
FFS Psychiatric Hospital Inpatient Services Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	11,882
Mean	$ 6,364
Standard Deviation	$ 8,531
Median	$ 3,762
Mode	$ 3,135
Interquartile Range	$ 4,702

Quartile	Amount
100%	$ 196,046
99%	$ 40,067
95%	$ 19,800
90%	$ 13,389
75%	$ 6,952
50%	$ 3,762
25%	$ 2,250

Table 15f
Children
FFS Psychiatric Hospital Inpatient Services Days
Fiscal Year 2013-14

Statistic	Days
Number of Clients	11,885
Mean	9
Standard Deviation	11
Median	5
Mode	3
Interquartile Range	7

Quartile	Days
100%	204
99%	51
95%	26
90%	18
75%	10
50%	5
25%	3

Table 15g
Children
Historical Trends
FFS Psychiatric Hospital Inpatient Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015
Number of Clients	8,896	10,271	11,882	13,133
Number of Days	82,536	88,930	102,546	110,662
Days Per Client	9	9	9	8
Approved Amount	$59,141,553	$64,076,651	$75,615,290	$84,457,365

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Children

Intensive Care Coordination

Intensive Care Coordination (ICC):
Intensive care coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services, including urgent services for all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services. ICC services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). ICC must be used to facilitate implementation of the cross-system/multi-agency collaborative services approach described in the CPM. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. The CFT is comprised of the child/youth and family and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. There must be an ICC coordinator who:

- Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
- Facilitates a collaborative relationship among the child/youth, his/her family and involved child-serving systems;
- Supports the parent/caregiver in meeting their child/youth's needs;
- Helps establish the CFT and provides ongoing support; and
- Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community

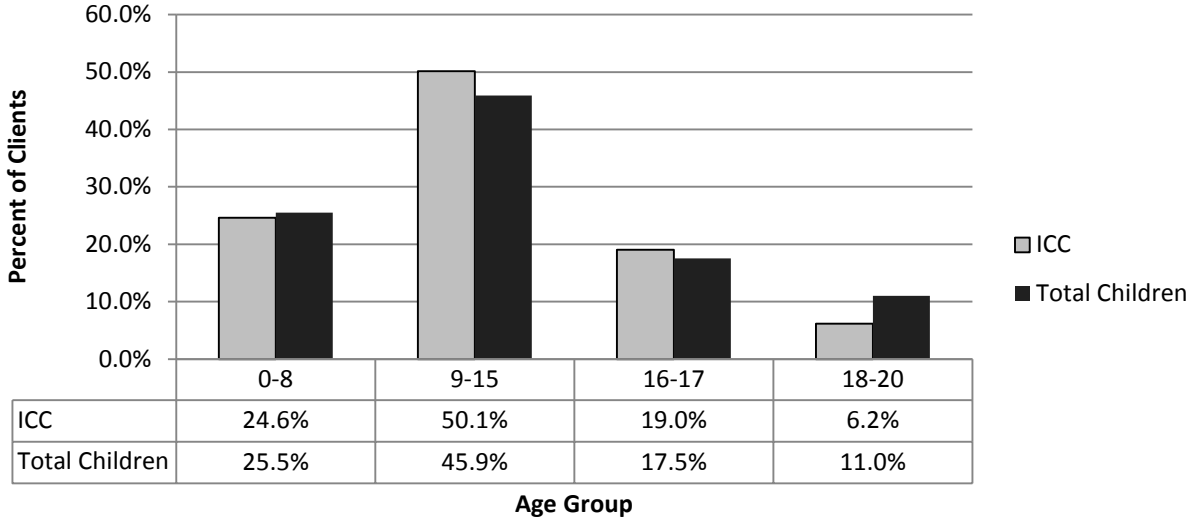
Summary:
Intensive Care Coordination is provided to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 105,727	179
Actual	FY 2013-14	$ 19,403,757	6,713
Actual*	FY 2014-15	$ 24,931,291	8,543
Forecast	FY 2015-16	Not Available	Not Available
Forecast	FY 2016-17	Not Available	Not Available
Actual data as of December 31, 2014 *Data is not weighted and only represents claims received as of 12/31/2014			

Budget Forecast Narrative:
There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received through December 31, 2014 and do not represent an estimate of total service costs for FY 2014-15. Claim costs for 14-15 will be higher as additional claims are submitted.

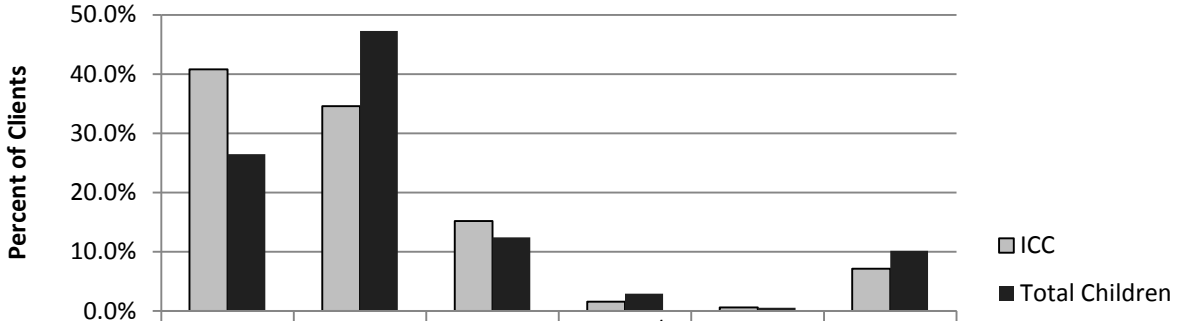
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 16a
CHILDREN
Clients Receiving Intensive Care Coordination Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	0-8	9-15	16-17	18-20
ICC	24.6%	50.1%	19.0%	6.2%
Total Children	25.5%	45.9%	17.5%	11.0%

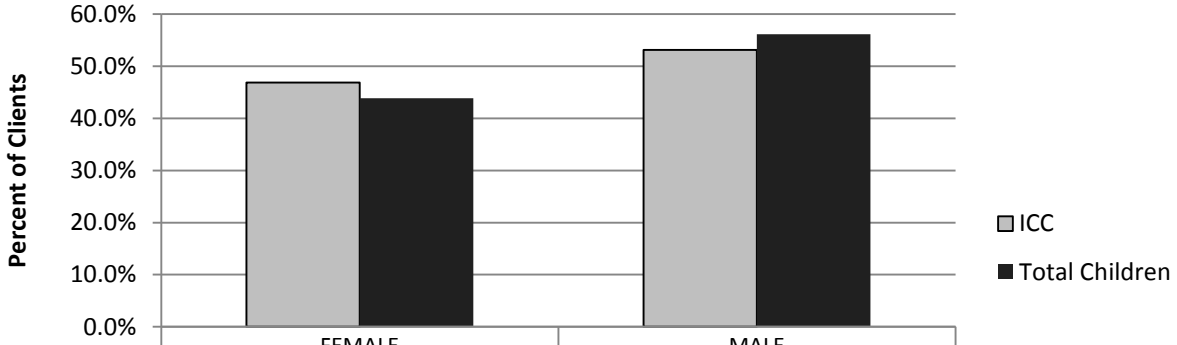
Table 16b
CHILDREN
Clients Receiving Intensive Care Coordination Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
ICC	40.8%	34.6%	15.2%	1.6%	0.6%	7.1%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Race / Ethnicity

Table 16c
CHILDREN
Clients Receiving Intensive Care Coordination Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
ICC	46.9%	53.1%
Total Children	43.9%	56.1%

Gender

Table 16d
Other Services Received by Children Receiving Intensive Care Coordination Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
ICC	6,713	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,671	99.37%
IHBS	4,812	71.68%
TARGETED CASE MANAGEMENT	4,447	66.24%
MEDICATION SUPPORT	3,391	50.51%
CRISIS INTERVENTION	1,276	19.01%
THERAPEUTIC BEHAVIORAL SERVICES	1,144	17.04%
FFS-HOSPITAL INPATIENT	697	10.38%
CRISIS STABILIZATION	496	7.39%
HOSPITAL INPATIENT	175	2.61%
DAY TX REHABILITATIVE FULL DAY	146	2.17%
DAY TX INTENSIVE FULL DAY	85	1.27%
PHF	21	0.31%
ADULT CRISIS RESIDENTIAL	5	0.07%
DAY TX REHABILITATIVE HALF DAY	4	0.06%
DAY TX INTENSIVE HALF DAY	2	0.03%
ADULT RESIDENTIAL	1	0.01%

Service Metrics:

Table 16e
Children
Intensive Care Coordination Services Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	6,713
Mean	$ 2,890
Standard Deviation	$ 3,544
Median	$ 1,542
Mode	$ -
Interquartile Range	$ 3,517

Quartile	Amount
100%	$ 36,349
99%	$ 16,261
95%	$ 10,160
90%	$ 7,443
75%	$ 3,994
50%	$ 1,542
25%	$ 476

Table 16f
Children
Intensive Care Coordination Services Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	6,713
Mean	1,432
Standard Deviation	1,719
Median	766
Mode	0
Interquartile Range	1,750

Quartile	Minutes
100%	13,206
99%	7,821
95%	5,074
90%	3,727
75%	1,987
50%	766
25%	237

Table 16g
Children
Historical Trends
Intensive Care Coordination Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	N/A	179	6,713	8,543
Number of Minutes	N/A	38,453	9,614,164	12,277,156
Minutes Per Client	N/A	215	1,432	1,437
Approved Amount	N/A	$105,727	$19,403,757	$24,931,291

*Data includes actual claims through June 30, 2015, no weights or forecasting is applied. Figures represent the sum of claims collected as of June 30, 2015.

Children

Intensive Home Based Services

Intensive Home Based Services (IHBS):
Intensive home based services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). The CFT participates in the development of the child's and family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services.

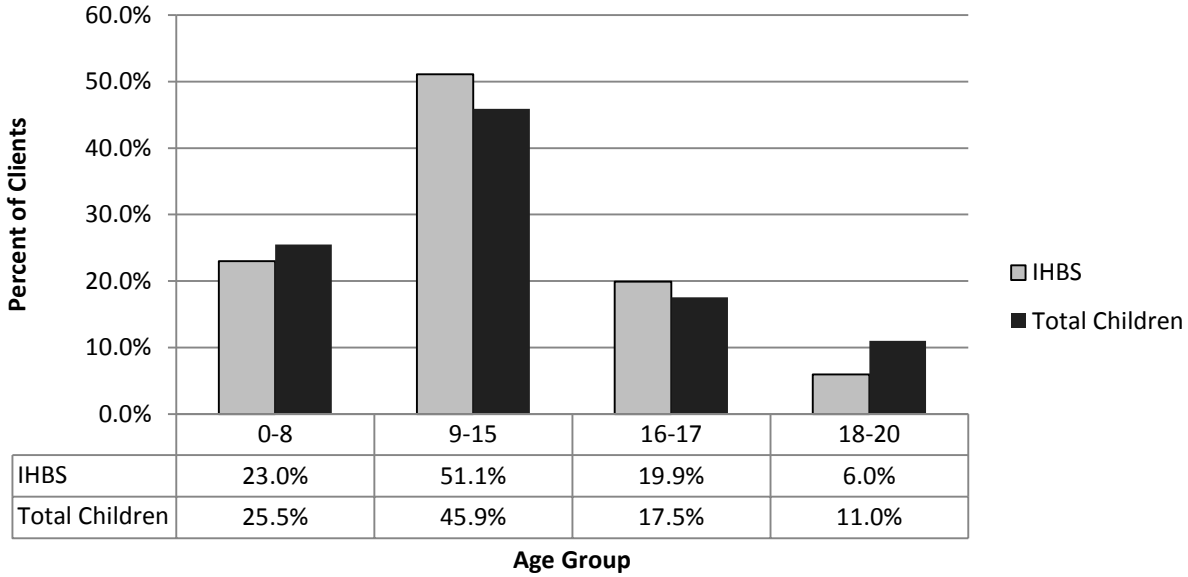
Summary:
Intensive Home Based Services are provided to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 351,085	110
Actual	FY 2013-14	$ 26,898,609	5,317
Actual*	FY 2014-15	$ 34,479,206	6,430
Forecast	FY 2015-16	Not Available	Not Available
Forecast	FY 2016-17	Not Available	Not Available
Actual data as of December 31, 2014. *Data is not weighted and only represents claims received as of 12/31/2014.			

Budget Forecast Narrative:
There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received as of December 31, 2014 and therefore do not represent an estimate of total service costs for FY 2013-14 and FY 2014-15. Claim costs for FY 2013-14 and FY 2014-15 will be higher as additional claims are submitted.

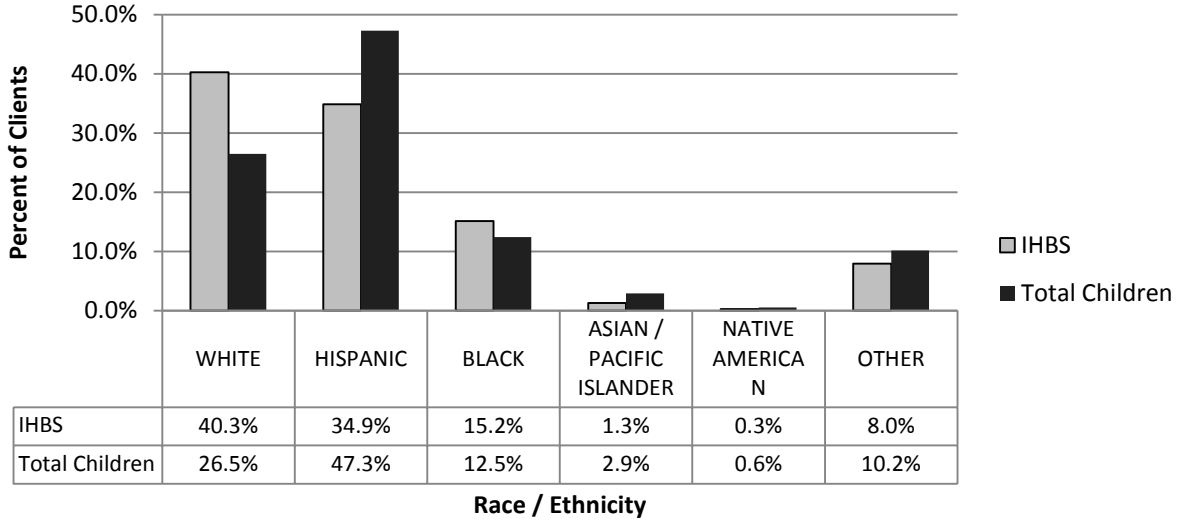
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 17a
CHILDREN
Clients Receiving Intensive Home Based Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



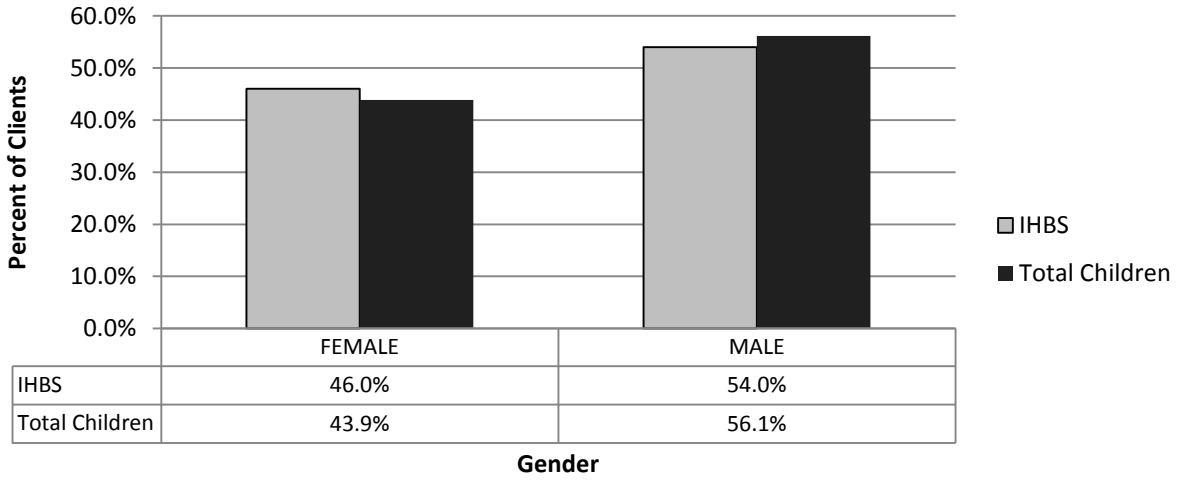
	0-8	9-15	16-17	18-20
IHBS	23.0%	51.1%	19.9%	6.0%
Total Children	25.5%	45.9%	17.5%	11.0%

Table 17b
CHILDREN
Clients Receiving Intensive Home Based Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
IHBS	40.3%	34.9%	15.2%	1.3%	0.3%	8.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 17c
CHILDREN
Clients Receiving Intensive Home Based Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
IHBS	46.0%	54.0%
Total Children	43.9%	56.1%

Table 17d
Other Services Received by Children Receiving Intensive Home Based Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
IHBS	5,317	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	5,299	99.66%
ICC	4,812	90.50%
TARGETED CASE MANAGEMENT	3,560	66.96%
MEDICATION SUPPORT	2,808	52.81%
CRISIS INTERVENTION	1,106	20.80%
THERAPEUTIC BEHAVIORAL SERVICES	857	16.12%
FFS-HOSPITAL INPATIENT	604	11.36%
CRISIS STABILIZATION	397	7.47%
HOSPITAL INPATIENT	162	3.05%
DAY TX REHABILITATIVE FULL DAY	95	1.79%
DAY TX INTENSIVE FULL DAY	66	1.24%
PHF	13	0.24%
DAY TX REHABILITATIVE HALF DAY	4	0.08%
ADULT CRISIS RESIDENTIAL	2	0.04%
ADULT RESIDENTIAL	1	0.02%
DAY TX INTENSIVE HALF DAY	1	0.02%

Service Metrics:

Table 17e
Children
Intensive Home Based Services Approved Amount
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	5,317
Mean	$ 5,059
Standard Deviation	$ 7,278
Median	$ 2,782
Mode	$ -
Interquartile Range	$ 5,656

Quartile	Amount
100%	$ 106,419
99%	$ 36,161
95%	$ 16,677
90%	$ 11,701
75%	$ 6,523
50%	$ 2,782
25%	$ 868

Table 17f
Children
Intensive Home Based Services Minutes
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	5,317
Mean	1,954
Standard Deviation	2,463
Median	1,155
Mode	-
Interquartile Range	2,304

Quartile	Minutes
100%	35,464
99%	11,667
95%	6,325
90%	4,575
75%	2,668
50%	1,155
25%	364

Table 17g
Children
Historical Trends
Intensive Home Based Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015
Number of Clients	N/A	110	5,317	6,430
Number of Minutes	N/A	90,869	10,390,226	13,575,635
Minutes Per Client	N/A	826	1,954	2,111
Approved Amount	N/A	$351,085	$26,898,609	$34,479,206

*Data includes actual claims through June 30, 2015 no weights or forecasting is applied. Figures represent the sum of claims collected as of June 30, 2015.

Adult Services Section

Adults

Adult Crisis Residential Services

Adult Crisis Residential Services (CRS):
Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Summary:
The forecast for Adult Crisis Residential Services includes slight increases in client counts and slight increases in annual costs over the next few fiscal years.

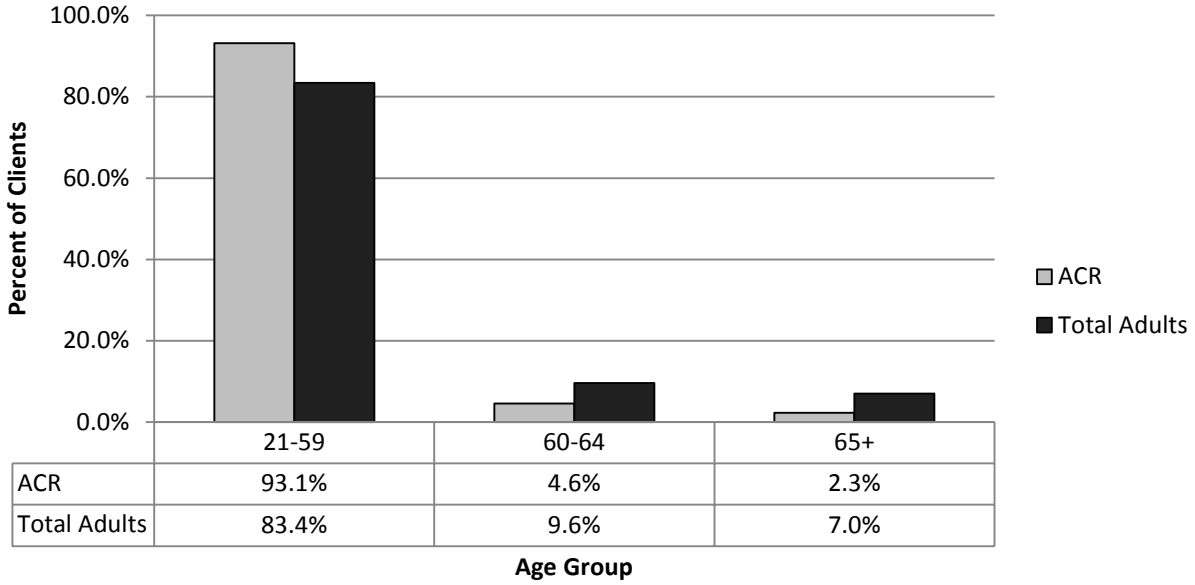
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 20,096,471	3,699
Actual	FY 2011-12	$ 22,192,720	3,925
Actual	FY 2012-13	$ 25,659,512	4,083
Actual	FY 2013-14	$ 24,794,062	4,401
Actual + Forecast	FY 2014-15	$ 26,264,328	4,477
Forecast	FY 2015-16	$ 27,732,074	4,690
Forecast	FY 2016-17	$ 29,199,822	4,897
Actual data as of June 30, 2015			

Budget Forecast Narrative:
Dollars and clients are expected to continue to grow for FY 2015-16 and FY 2016-17 for Adult Crisis Residential Services.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

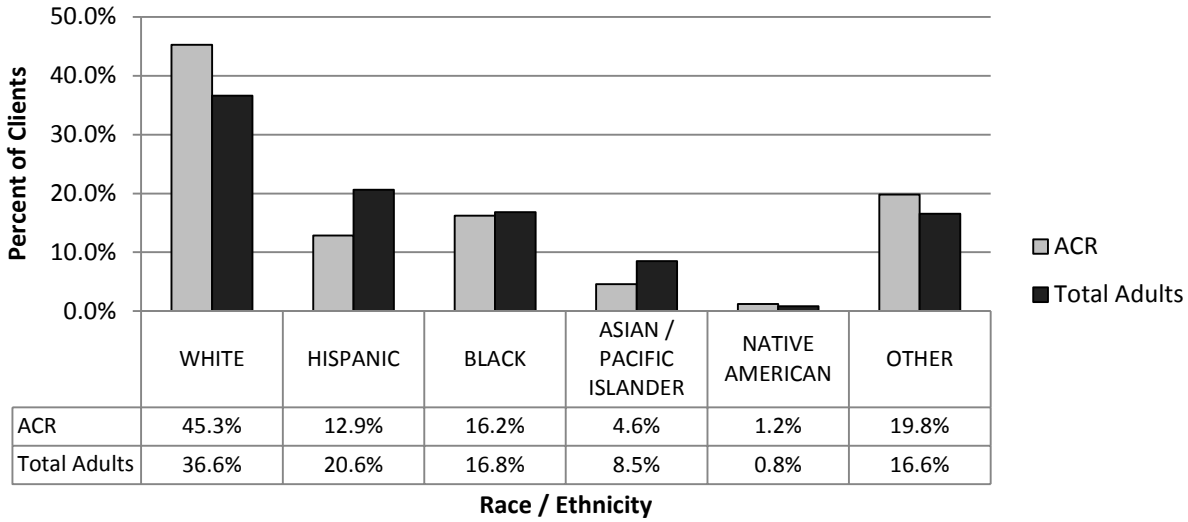
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 1a
ADULTS
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



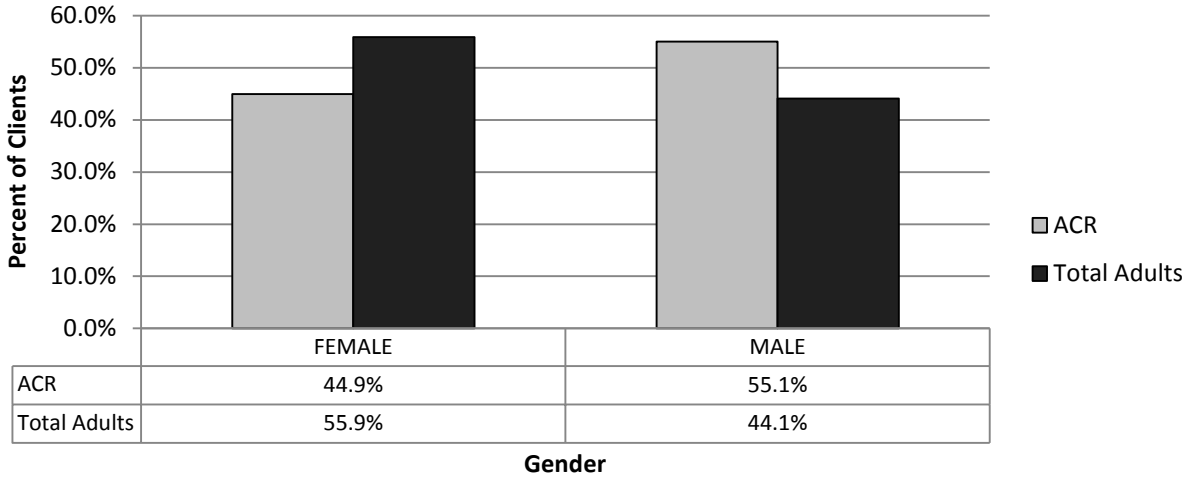
	21-59	60-64	65+
ACR	93.1%	4.6%	2.3%
Total Adults	83.4%	9.6%	7.0%

Table 1b
ADULTS
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
ACR	45.3%	12.9%	16.2%	4.6%	1.2%	19.8%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 1c
ADULTS
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
ACR	44.9%	55.1%
Total Adults	55.9%	44.1%

Table 1d
Other Services Received by Adults Receiving Adult Crisis Residential Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	4,401	100.00%
MEDICATION SUPPORT	3,991	90.68%
THERAPY AND OTHER SERVICE ACTIVITIES	3,409	77.46%
TARGETED CASE MANAGEMENT	3,123	70.96%
CRISIS STABILIZATION	2,228	50.62%
CRISIS INTERVENTION	1,992	45.26%
FFS-HOSPITAL INPATIENT	1,039	23.61%
HOSPITAL INPATIENT	737	16.75%
ADULT RESIDENTIAL	478	10.86%
PHF	448	10.18%
DAY TX REHABILITATIVE FULL DAY	307	6.98%
DAY TX REHABILITATIVE HALF DAY	71	1.61%

Service Metrics:

Table 1e
Adults
Adult Crisis Residential-Adult
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	4,401
Mean	$ 5,634
Standard Deviation	$ 5,393
Median	$ 4,331
Mode	$ 2,891
Interquartile Range	$ 5,612

Quartile	Amount
100%	$ 66,447
99%	$ 27,233
95%	$ 15,653
90%	$ 11,748
75%	$ 7,590
50%	$ 4,331
25%	$ 1,978

Table 1f
Adults
Adult Crisis Residential-Adult
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	4,401
Mean	17
Standard Deviation	15
Median	13
Mode	14
Interquartile Range	17

Quartile	Days
100%	204
99%	71
95%	46
90%	34
75%	23
50%	13
25%	6

Table 1g
Adults
Historical Trends
Adult Crisis Residential by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	3,925	4,083	4,401	4,477
Number of Days	72,710	78,270	74,070	75,613
Days Per Client	19	19	17	17
Approved Amount	$22,192,720	$25,659,512	$24,794,062	$26,264,328

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Adult Residential Services

Adult Residential Treatment Services:
Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Adult Residential Services indicates a slight decrease in clients and total cost through FY 2014-15 and FY 2015-16.

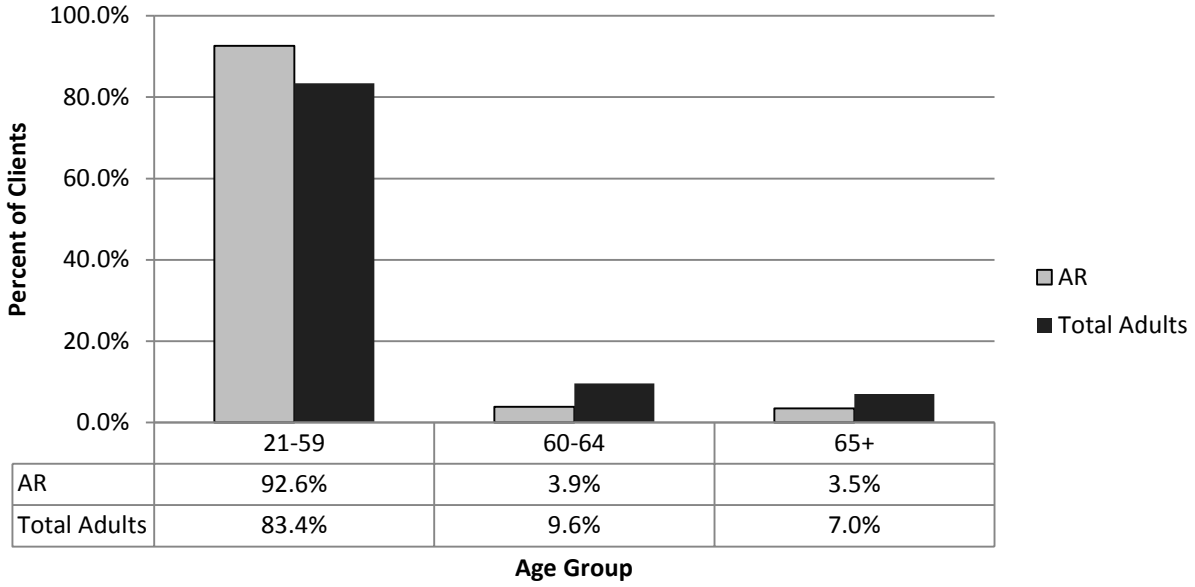
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 15,013,032	1,155
Actual	FY 2011-12	$ 15,235,219	1,163
Actual	FY 2012-13	$ 16,373,504	1,177
Actual	FY 2013-14	$ 18,572,653	1,205
Actual + Forecast	FY 2014-15	$ 19,873,517	1,307
Forecast	FY 2015-16	$ 20,207,745	1,283
Forecast	FY 2016-17	$ 20,541,972	1,259
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The forecast indicates an increase in costs through FY 2014-15 and a decrease in FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

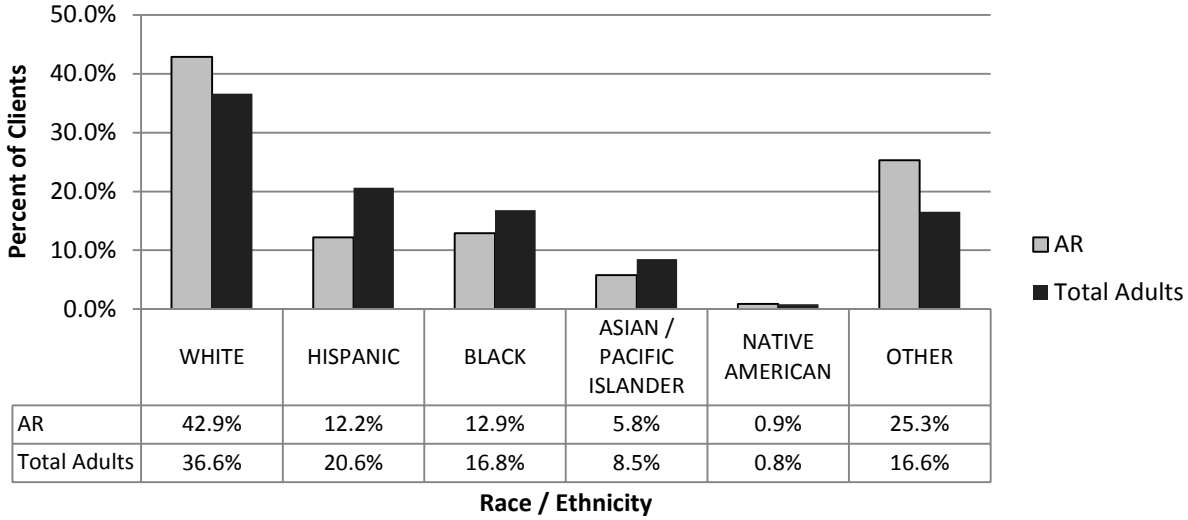
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 2a
ADULTS
Clients Receiving Adult Residential Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



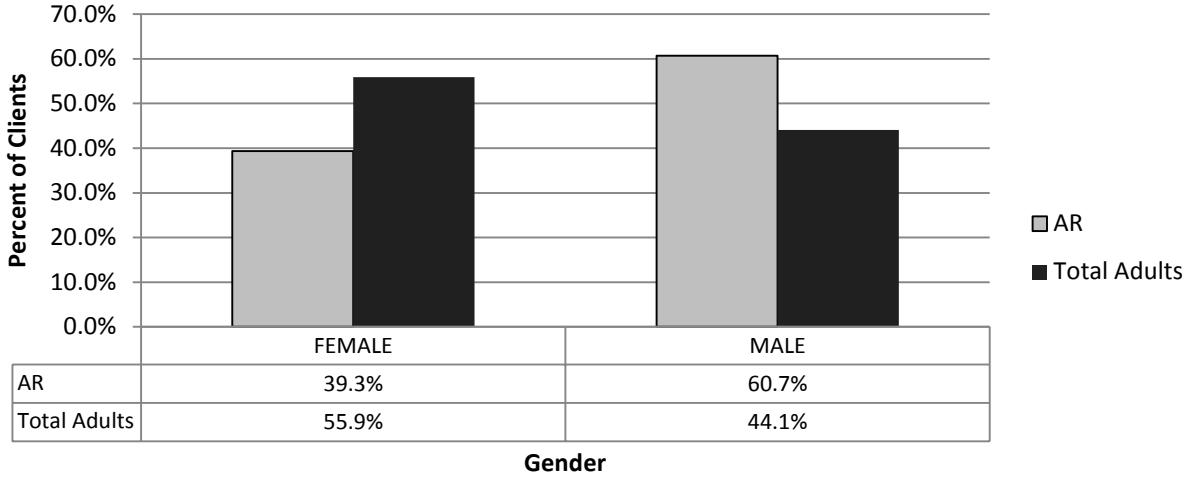
	21-59	60-64	65+
AR	92.6%	3.9%	3.5%
Total Adults	83.4%	9.6%	7.0%

Table 2b
ADULTS
Clients Receiving Adult Residential Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
AR	42.9%	12.2%	12.9%	5.8%	0.9%	25.3%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 2c
ADULTS
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
AR	39.3%	60.7%
Total Adults	55.9%	44.1%

Table 2d
Other Services Received by Adults Receiving Adult Residential Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,205	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,036	85.98%
TARGETED CASE MANAGEMENT	1,029	85.39%
MEDICATION SUPPORT	965	80.08%
CRISIS STABILIZATION	491	40.75%
CRISIS INTERVENTION	482	40.00%
ADULT CRISIS RESIDENTIAL	478	39.67%
DAY TX REHABILITATIVE FULL DAY	431	35.77%
HOSPITAL INPATIENT	172	14.27%
FFS-HOSPITAL INPATIENT	120	9.96%
PHF	107	8.88%
DAY TX REHABILITATIVE HALF DAY	7	0.58%
DAY TX INTENSIVE FULL DAY	1	0.08%`

Service Metrics:

Table 2e
Adults
Adult Residential
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	1,205
Mean	$ 15,413
Standard Deviation	$ 14,962
Median	$ 11,049
Mode	$ 117
Interquartile Range	$ 17,282

Quartile	Amount
100%	$ 77,000
99%	$ 64,442
95%	$ 48,813
90%	$ 36,505
75%	$ 21,500
50%	$ 11,049
25%	$ 4,218

Table 2f
Adults
Adult Residential
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	1,205
Mean	89
Standard Deviation	85
Median	63
Mode	-
Interquartile Range	99

Quartile	Days
100%	365
99%	357
95%	272
90%	216
75%	122
50%	63
25%	23

Table 2g
Adults
Historical Trends
Adult Residential by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	1,163	1,177	1,205	1,307
Number of Days	96,787	102,307	107,263	107,974
Days Per Client	83	87	89	83
Approved Amount	$15,235,219	$16,373,504	$18,572,653	$19,873,517

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Crisis Intervention

Crisis Intervention:
Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

Summary:
While the number of clients is forecast to decrease in FY 2014-15 and FY 2015-16 for Crisis Intervention services, the costs should hold around current estimated FY 2013-14 levels.

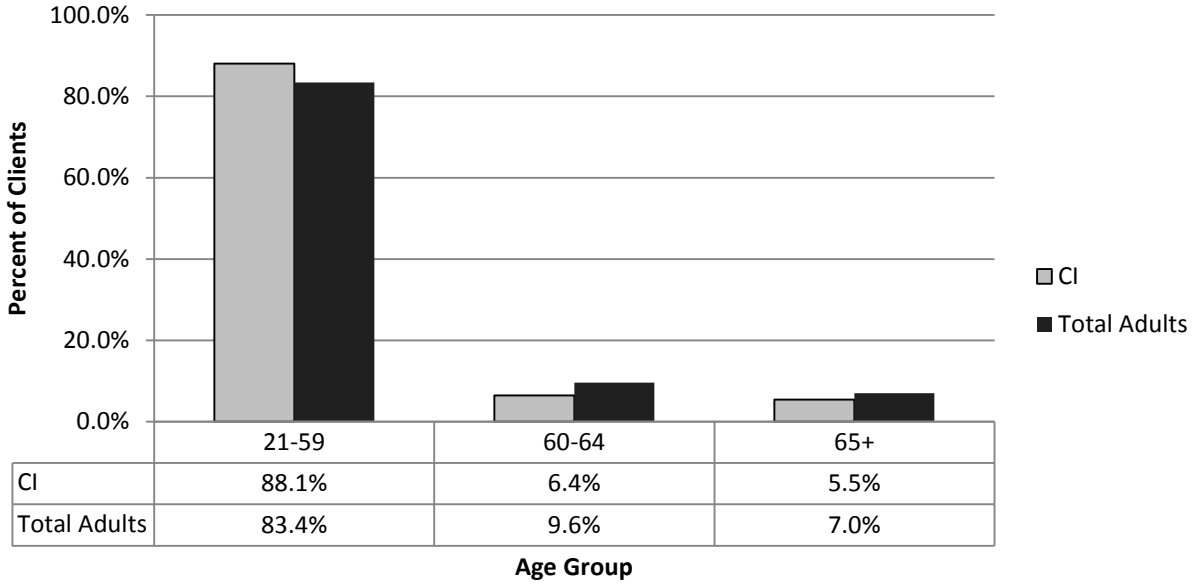
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 26,649,639	31,309
Actual	FY 2011-12	$ 27,170,460	30,743
Actual	FY 2012-13	$ 29,781,623	29,033
Actual	FY 2013-14	$ 29,553,004	28,808
Actual + Forecast	FY 2014-15	$ 31,195,479	29,452
Forecast	FY 2015-16	$ 31,858,221	28,674
Forecast	FY 2016-17	$ 32,520,964	27,898,
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Crisis Intervention services are forecasted to grow up to over $30 million for the next two fiscal years.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

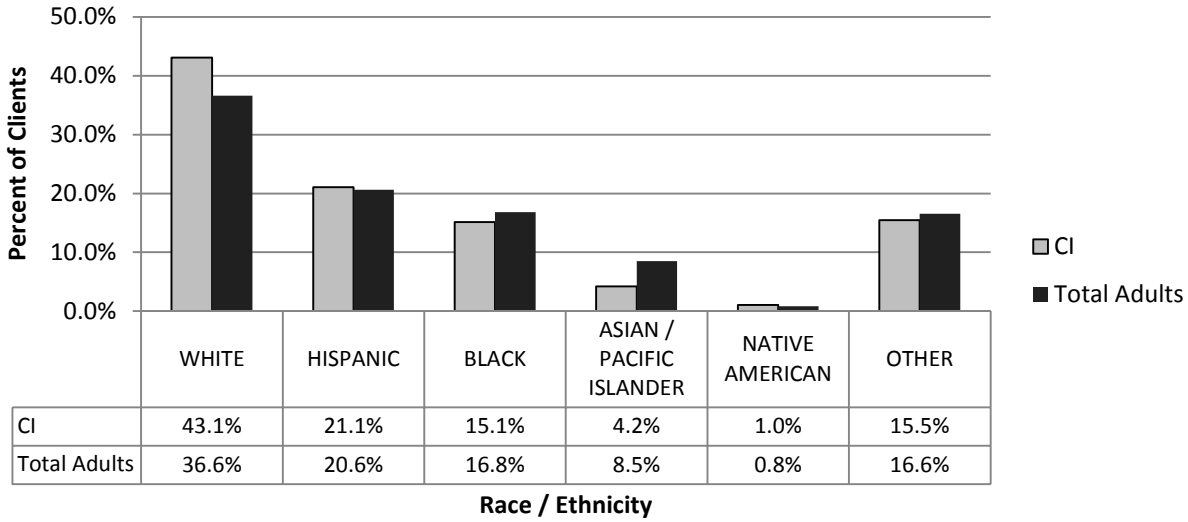
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 3a
ADULTS
Clients Receiving Crisis Intervention Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



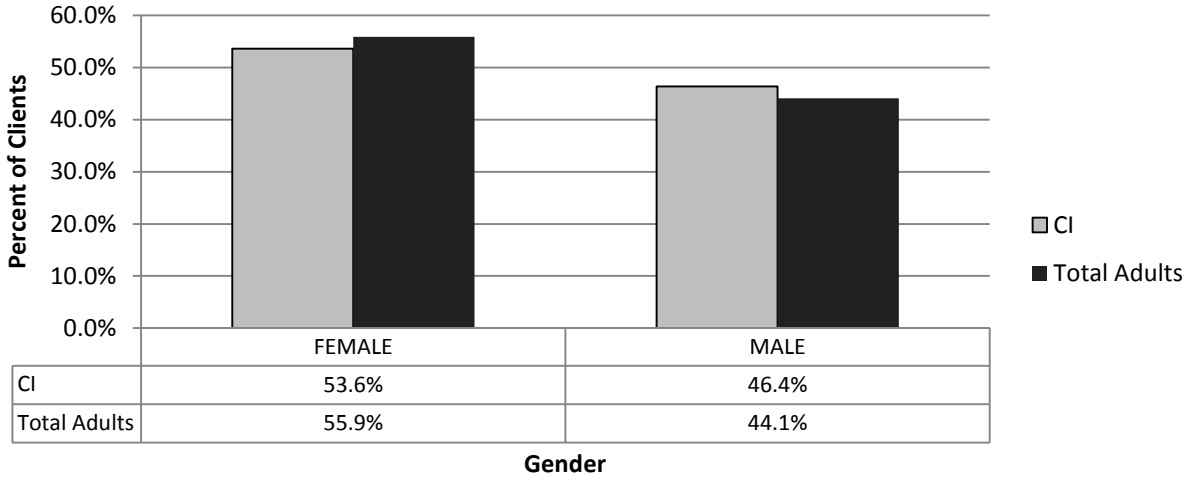
	21-59	60-64	65+
CI	88.1%	6.4%	5.5%
Total Adults	83.4%	9.6%	7.0%

Table 3b
ADULTS
Clients Receiving Crisis Intervention Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
CI	43.1%	21.1%	15.1%	4.2%	1.0%	15.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 3c
ADULTS
Clients Receiving Crisis Intervention Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
CI	53.6%	46.4%
Total Adults	55.9%	44.1%

Table 3d
Other Services Received by Adults Receiving Crisis Intervention Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
CRISIS INTERVENTION	28,808	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	20,023	69.50%
MEDICATION SUPPORT	19,053	66.14%
TARGETED CASE MANAGEMENT	16,565	57.50%
CRISIS STABILIZATION	7,765	26.95%
FFS-HOSPITAL INPATIENT	5,410	18.78%
HOSPITAL INPATIENT	2,926	10.16%
ADULT CRISIS RESIDENTIAL	1,992	6.91%
PHF	1,816	6.30%
ADULT RESIDENTIAL	482	1.67%
DAY TX REHABILITATIVE FULL DAY	273	0.95%
DAY TX REHABILITATIVE HALF DAY	81	0.28%
DAY TX INTENSIVE FULL DAY	1	0.00%

Service Metrics:

Table 3e
Adults
Crisis Intervention
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	28,808
Mean	$ 1,026
Standard Deviation	$ 1,247
Median	$ 638
Mode	$ 2,290
Interquartile Range	$ 926

Quartile	Amount
100%	$ 33,102
99%	$ 5,867
95%	$ 3,148
90%	$ 2,290
75%	$ 1,237
50%	$ 638
25%	$ 311

Table 3f
Adults
Crisis Intervention
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	28,808
Mean	236
Standard Deviation	284
Median	150
Mode	60
Interquartile Range	203

Quartile	Minutes
100%	7,826
99%	1,355
95%	716
90%	486
75%	283
50%	150
25%	80

Table 3g
Adults
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	30,743	29,033	28,808	29,452
Number of Minutes	7,205,289	6,841,079	6,796,616	6,839,589
Minutes Per Client	234	236	236	232
Approved Amount	$27,170,460	$29,781,623	$29,553,004	$31,195,479

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Crisis Stabilization

Crisis Stabilization:
Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Crisis Stabilization Services is for moderate growth in clients and costs over the next few fiscal years.

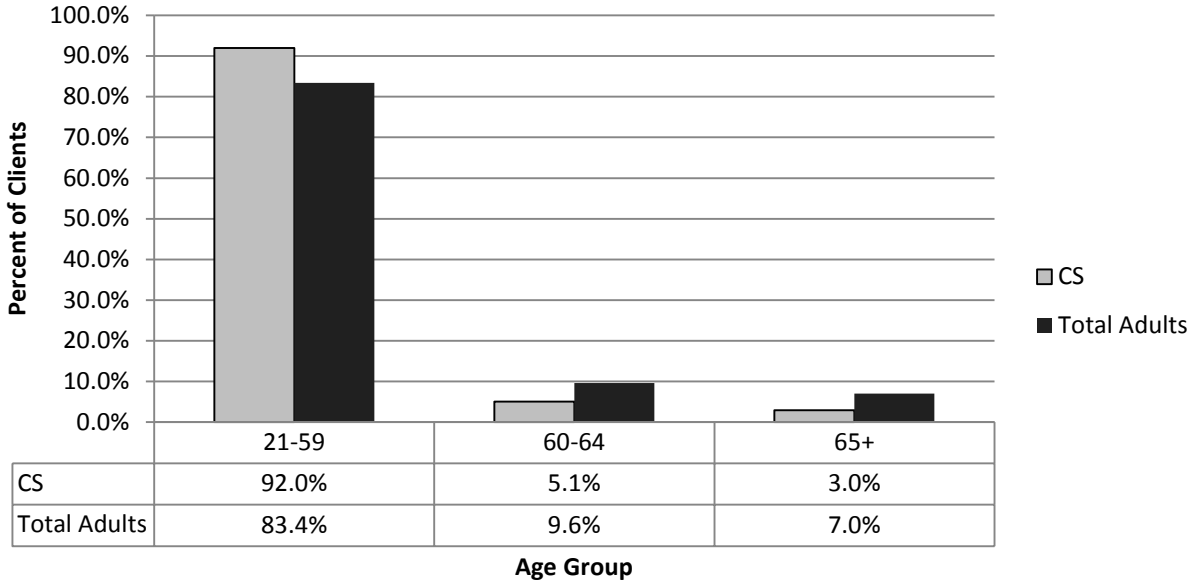
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 37,428,446	20,517
Actual	FY 2011-12	$ 43,487,596	22,694
Actual	FY 2012-13	$ 58,458,598	24,099
Actual	FY 2013-14	$ 66,456,376	25,241
Actual + Forecast	FY 2014-15	$ 86,416,785	29,365
Forecast	FY 2015-16	$ 96,718,257	31,473
Forecast	FY 2016-17	$ 107,019,728	33,582
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Moderate growth in costs and clients are forecasted in FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

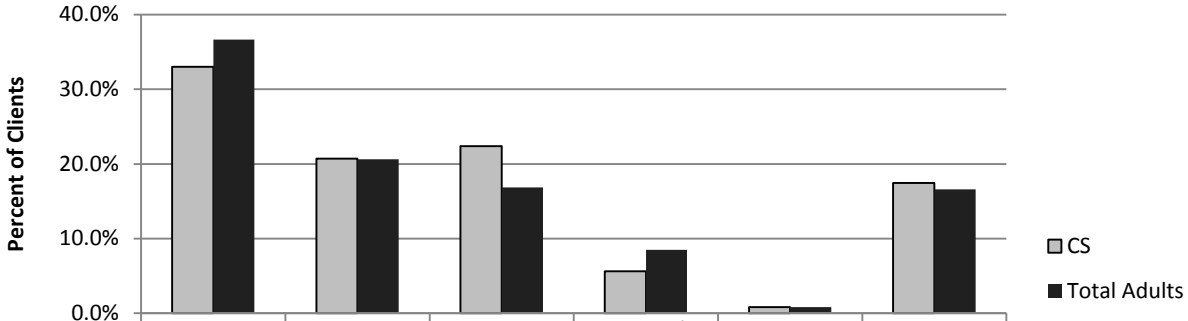
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 4a
ADULTS
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	21-59	60-64	65+
CS	92.0%	5.1%	3.0%
Total Adults	83.4%	9.6%	7.0%

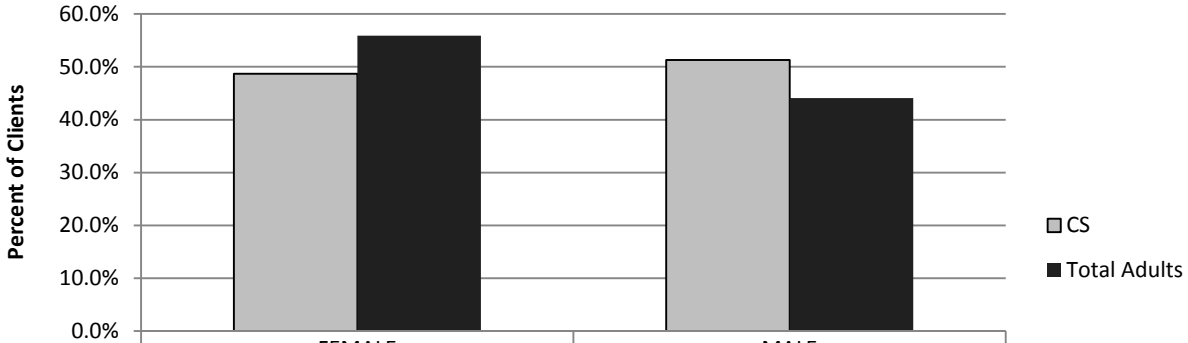
Table 4b
ADULTS
Clients Receiving Crisis Stabilization Services by Race / Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
CS	33.0%	20.7%	22.4%	5.6%	0.8%	17.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Race / Ethnicity

Table 4c
ADULTS
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
CS	48.7%	51.3%
Total Adults	55.9%	44.1%

Gender

Table 4d
Other Services Received by Adults Receiving Crisis Stabilization Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
CRISIS STABILIZATION	25,241	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	14,555	57.66%
MEDICATION SUPPORT	13,600	53.88%
TARGETED CASE MANAGEMENT	10,588	41.95%
CRISIS INTERVENTION	7,765	30.76%
FFS-HOSPITAL INPATIENT	5,043	19.98%
HOSPITAL INPATIENT	3,951	15.65%
ADULT CRISIS RESIDENTIAL	2,228	8.83%
PHF	1,743	6.91%
ADULT RESIDENTIAL	491	1.95%
DAY TX REHABILITATIVE FULL DAY	333	1.32%
DAY TX REHABILITATIVE HALF DAY	110	0.44%
DAY TX INTENSIVE FULL DAY	1	0.00%

Service Metrics:

Table 4e
Adults
Crisis Stabilization
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	25,241
Mean	$ 2,633
Standard Deviation	$ 4,594
Median	$ 1,700
Mode	$ 1,891
Interquartile Range	$ 2,078

Quartile	Amount
100%	$ 131,373
99%	$ 20,897
95%	$ 8,670
90%	$ 5,309
75%	$ 2,720
50%	$ 1,700
25%	$ 642

Table 4f
Adults
Crisis Stabilization-Adult
Fiscal Year 2013-14

Statistic	Hours
Number of Clients	25,241
Mean	24
Standard Deviation	36
Median	19
Mode	20
Interquartile Range	16

Quartile	Hours
100%	1,072
99%	166
95%	75
90%	50
75%	23
50%	19
25%	7

Table 4g
Adults
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	22,694	24,099	25,241	29,365
Number of Hours	470,652	556,276	610,470	734,552
Hours Per Client	21	23	24	25
Approved Amount	$43,487,596	$58,458,598	$66,456,376	$86,416,785

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Day Rehabilitation Half Day

Day Rehabilitation (Half-Day):
Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
For Day Rehabilitation Half Day Services, the forecast for FY 2014-15 and FY 2015-16 is slight increase in dollars and clients from FY 2013-14 levels.

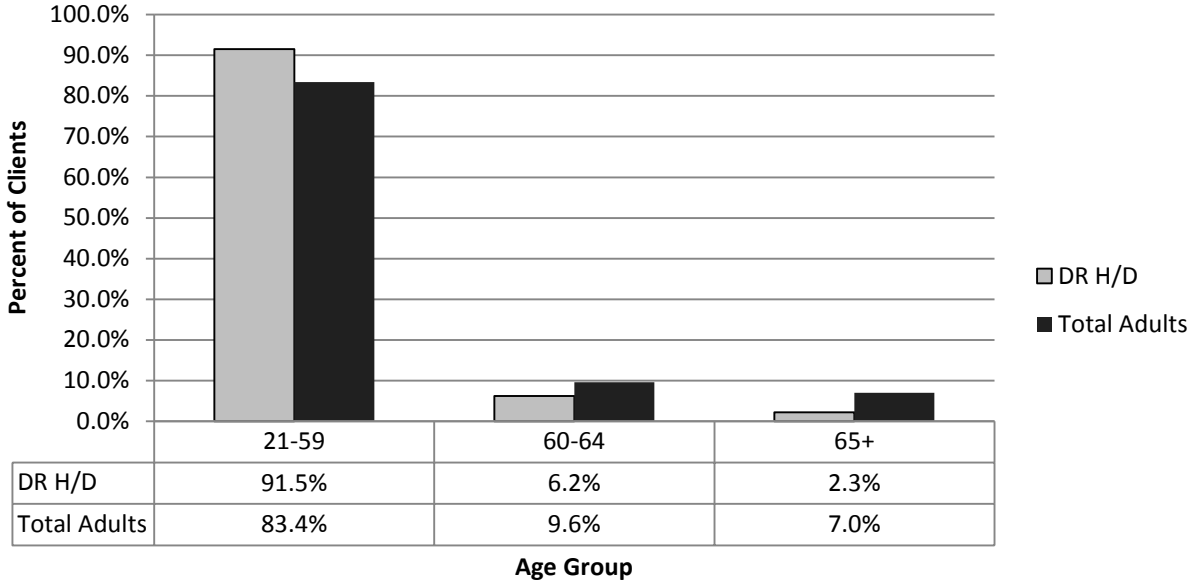
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 769,431	213
Actual	FY 2011-12	$ 1,093,346	279
Actual	FY 2012-13	$ 819,605	216
Actual	FY 2013-14	$ 1,341,197	348
Actual + Forecast	FY 2014-15	$ 2,698,154	485
Forecast	FY 2015-16	$ 3,106,287	553
Forecast	FY 2016-17	$ 3,514,422	616
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Day Rehabilitation Half Day service costs are projected to increase slightly for the next few fiscal years.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

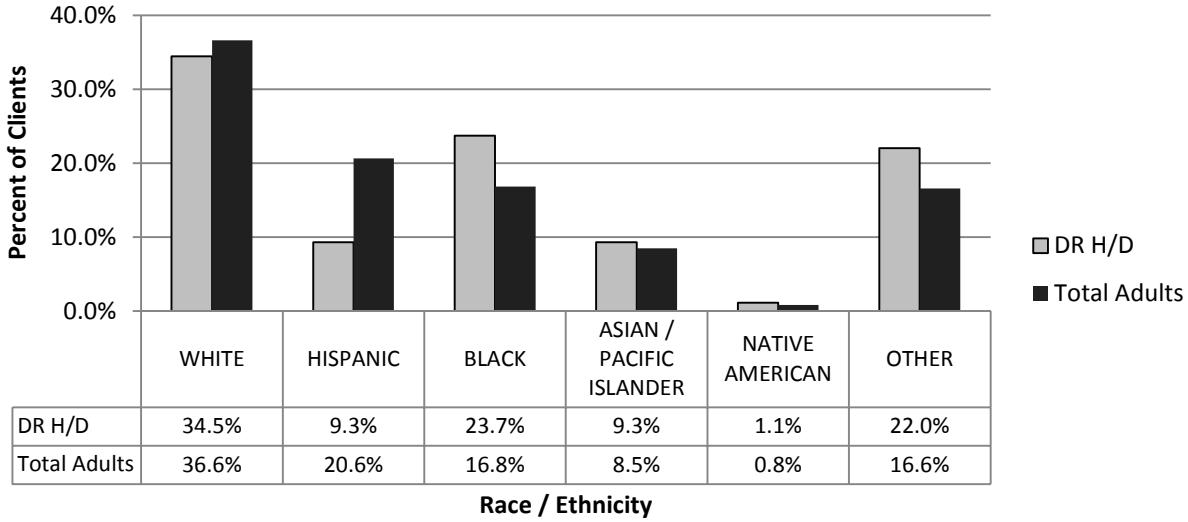
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 5a
ADULTS
Clients Receiving Day Rehabilitation-Half Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



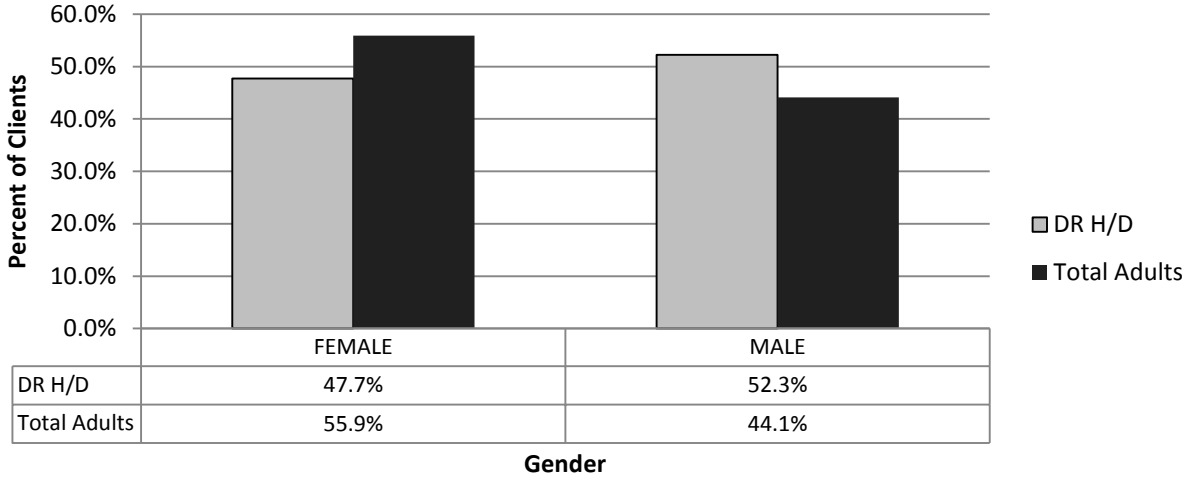
	21-59	60-64	65+
DR H/D	91.5%	6.2%	2.3%
Total Adults	83.4%	9.6%	7.0%

Table 5b
ADULTS
Clients Receiving Day Rehabilitation-Half Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DR H/D	34.5%	9.3%	23.7%	9.3%	1.1%	22.0%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 5c
ADULTS
Clients Receiving Day Rehabilitation-Half Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DR H/D	47.7%	52.3%
Total Adults	55.9%	44.1%

Table 5d
Day Rehabilitation Half Day-Adult
Other Services Received by Adults Receiving Day Rehabilitation Half Day Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
DAY TX REHABILITATIVE HALF DAY	348	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	274	78.74%
MEDICATION SUPPORT	264	75.86%
TARGETED CASE MANAGEMENT	248	71.26%
DAY TX REHABILITATIVE FULL DAY	124	35.63%
CRISIS STABILIZATION	110	31.61%
CRISIS INTERVENTION	81	23.28%
ADULT CRISIS RESIDENTIAL	71	20.40%
HOSPITAL INPATIENT	43	12.36%
FFS-HOSPITAL INPATIENT	16	4.60%
ADULT RESIDENTIAL	7	2.01%

Service Metrics:

Table 5e
Adults
Day Rehabilitation Half Day
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	348
Mean	$ 3,854
Standard Deviation	$ 3,940
Median	$ 2,570
Mode	$ 84
Interquartile Range	$ 4,813

Quartile	Amount
100%	$ 23,482
99%	$ 17,842
95%	$ 10,923
90%	$ 10,152
75%	$ 5,654
50%	$ 2,570
25%	$ 841

Table 5f
Adults
Day Rehabilitation Half Day-Adult
Fiscal Year 2013-14

Statistic	Half-Days
Number of Clients	348
Mean	39
Standard Deviation	38
Median	29
Mode	2
Interquartile Range	45

Quartile	Half-Days
100%	229
99%	195
95%	105
90%	85
75%	55
50%	29
25%	10

Table 5g
Adults
Historical Trends
Day Rehabilitation Half Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	279	216	348	485
Number of Half Days	11,967	9,130	13,462	24,766
Days Per Client	43	42	39	51
Approved Amount	$1,093,346	$819,605	$1,341,197	$2,698,154

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Day Rehabilitation Full Day

Day Rehabilitation (Full-Day):
Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The forecast for Day Rehabilitation Full Day Services shows a sharp decrease in clients and cost through FY 2014-15 and continued declines in FY 2015-16.

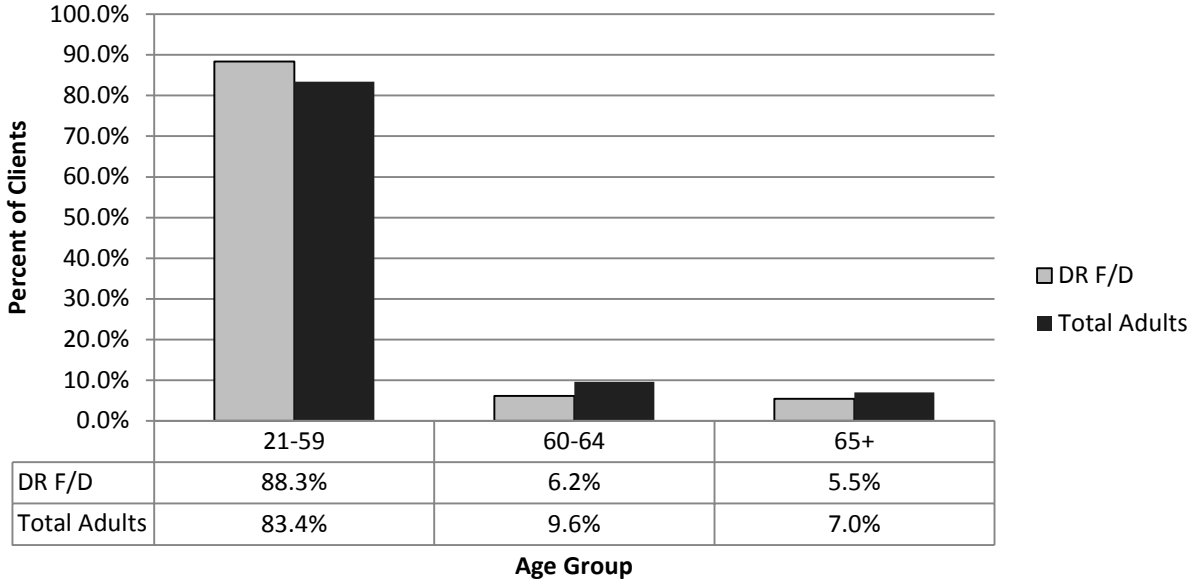
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 9,162,148	1,159
Actual	FY 2011-12	$ 8,158,241	970
Actual	FY 2012-13	$ 6,589,660	834
Actual	FY 2013-14	$ 6,107,502	766
Actual + Forecast	FY 2014-15	$ 4,553,000	518
Forecast	FY 2015-16	$ 3,453,722	331
Forecast	FY 2016-17	$ 2,364,446	149
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Day Rehabilitation Full Day costs and clients served are forecast to decline through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

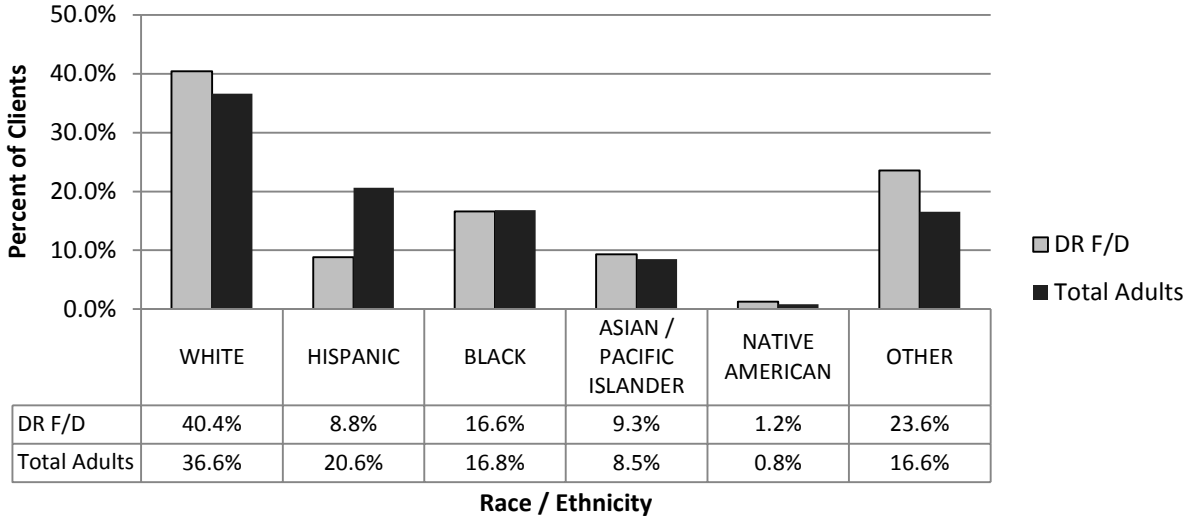
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 6a
ADULTS
Clients Receiving Day Rehabilitation-Full Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



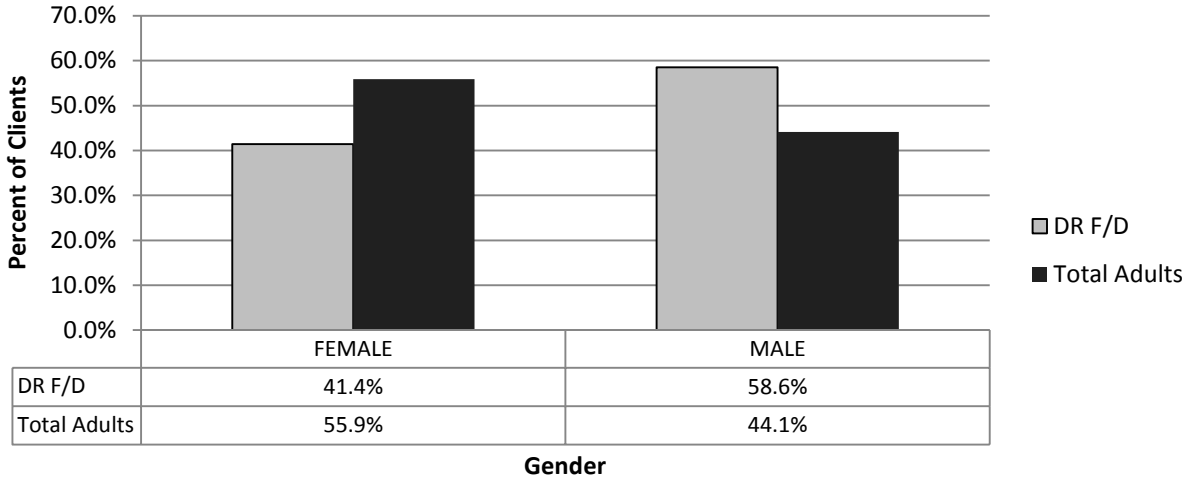
	21-59	60-64	65+
DR F/D	88.3%	6.2%	5.5%
Total Adults	83.4%	9.6%	7.0%

Table 6b
ADULTS
Clients Receiving Day Rehabilitation-Full Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DR F/D	40.4%	8.8%	16.6%	9.3%	1.2%	23.6%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 6c
ADULTS
Clients Receiving Day Rehabilitation-Full Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DR F/D	41.4%	58.6%
Total Adults	55.9%	44.1%

Table 6d
Other Services Received by Adults Receiving Day Rehabilitation Full Day Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
DAY TX REHABILITATIVE FULL DAY	766	100.00%
TARGETED CASE MANAGEMENT	654	85.38%
MEDICATION SUPPORT	652	85.12%
THERAPY AND OTHER SERVICE ACTIVITIES	650	84.86%
ADULT RESIDENTIAL	431	56.27%
CRISIS STABILIZATION	333	43.47%
ADULT CRISIS RESIDENTIAL	307	40.08%
CRISIS INTERVENTION	273	35.64%
HOSPITAL INPATIENT	147	19.19%
DAY TX REHABILITATIVE HALF DAY	124	16.19%
FFS-HOSPITAL INPATIENT	49	6.40%
PHF	5	0.65%

Service Metrics:

Table 6e
Adults
Day Rehabilitation Full Day
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	766
Mean	$ 7,973
Standard Deviation	$ 8,810
Median	$ 5,502
Mode	$ 129
Interquartile Range	$ 8,372

Quartile	Amount
100%	$ 61,186
99%	$ 47,226
95%	$ 25,340
90%	$ 18,761
75%	$ 10,292
50%	$ 5,502
25%	$ 1,920

Table 6f
Adults
Day Rehabilitation Full Day
Fiscal Year 2013-14

Statistic	Days
Number of Clients	766
Mean	53
Standard Deviation	51
Median	39
Mode	1
Interquartile Range	62

Quartile	Days
100%	257
99%	216
95%	164
90%	130
75%	75
50%	39
25%	13

Table 6g
Adults
Historical Trends
Day Rehabilitation Full Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	970	834	766	518
Number of Days	63,035	47,927	40,452	23,513
Days Per Client	65	57	53	45
Approved Amount	$8,158,241	$6,589,660	$6,107,502	$4,553,000

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Day Treatment Intensive Half Day

Day Treatment Intensive (Half-Day):
Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
County mental health plans use Day Treatment Intensive Full Day services for adults, if needed. No half day service costs were claimed in FY 2008-09 or thereafter.

Adults

Day Treatment Intensive Full Day

Day Treatment Intensive (Full-Day):
Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:
The number of clients receiving Day Treatment Intensive Full Day has been declining since FY 2009-10. No clients are expected to be served in FY 2014-15 and FY 2015-16.

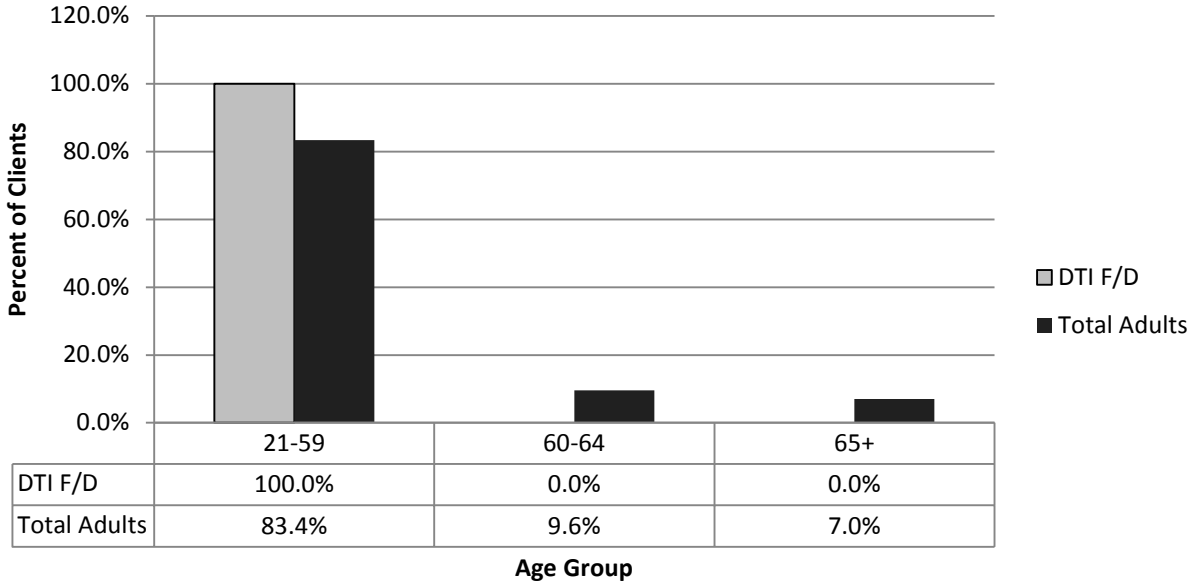
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 465,618	53
Actual	FY 2011-12	$ 88,595	3
Actual	FY 2012-13	$ 94,590	3
Actual	FY 2013-14	$ -	-
Actual + Forecast	FY 2014-15	$ -	-
Forecast	FY 2015-16	$ -	-
Forecast	FY 2016-17	$ -	-
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs are expected to be zero in FY 2015-16 and FY 2016-17 for Adult Day Treatment Intensive Full Day Services.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2014. Due to the small sample size, the following charts and tables are not statistically significant.

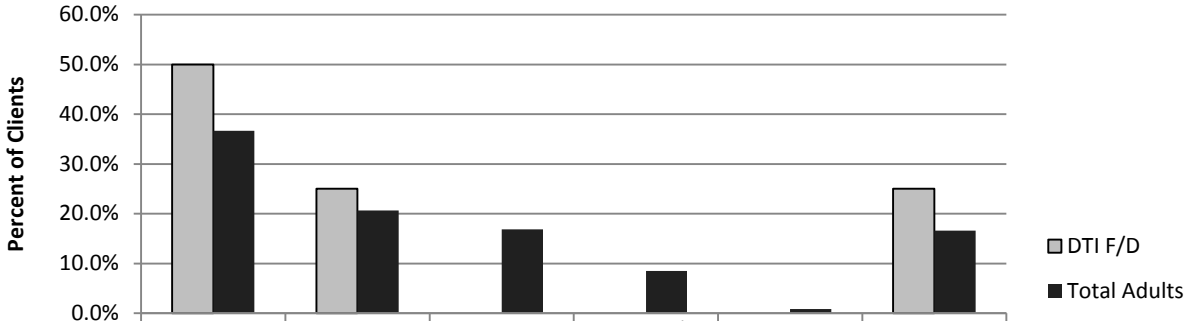
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 7a
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	21-59	60-64	65+
DTI F/D	100.0%	0.0%	0.0%
Total Adults	83.4%	9.6%	7.0%

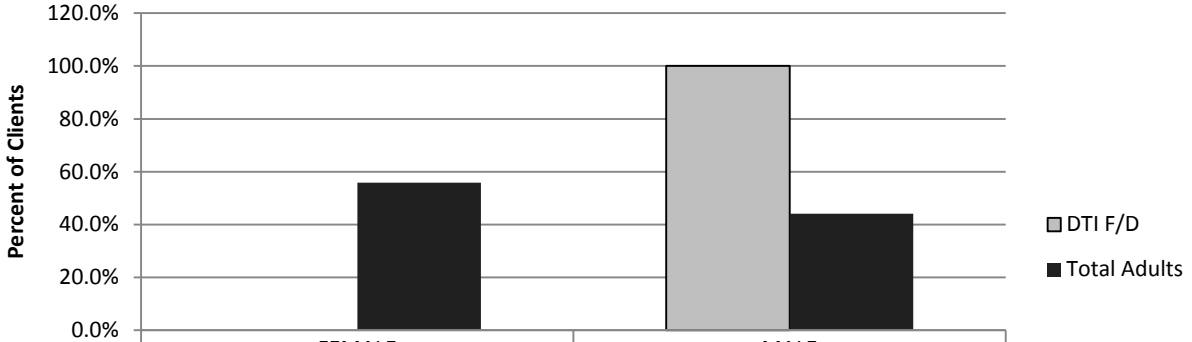
Table 7b
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
DTI F/D	50.0%	25.0%	0.0%	0.0%	0.0%	25.0%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Race / Ethnicity

Table 7c
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
DTI F/D	0.0%	100.0%
Total Adults	55.9%	44.1%

Gender

Table 7d
Other Services Received by Adults Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
DAY TX INTENSIVE FULL DAY	3	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	3	100.00%
MEDICATION SUPPORT	2	66.67%
TARGETED CASE MANAGEMENT	2	66.67%
ADULT RESIDENTIAL	1	33.33%
CRISIS INTERVENTION	1	33.33%
CRISIS STABILIZATION	1	33.33%
HOSPITAL INPATIENT	1	33.33%

Service Metrics:

Table 7e
Adults
Day TX Intensive Full Day
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	3
Mean	$ 32,498
Standard Deviation	$ 29,899
Median	$ 19,125
Mode	$ 0
Interquartile Range	$ 55,131

Quartile	Amount
100%	$ 66,750
99%	$ 66,750
95%	$ 66,750
90%	$ 66,750
75%	$ 66,750
50%	$ 19,126
25%	$ 11,619

Table 7f
Adults
Day TX Intensive Full Day-Adult
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	3
Mean	95
Standard Deviation	72
Median	56
Mode	0
Interquartile Range	127

Quartile	Days
100%	178
99%	178
95%	178
90%	178
75%	178
50%	56
25%	51

Table 7g
Adults
Historical Trends
Day Treatment Intensive Full Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	3	3	0	0
Number of Days	498	271	0	0
Days Per Client	166	90	0	0
Approved Amount	88,595	94,590	0	0

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Medication Support

Medication Support:
Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Summary:
The number of unduplicated clients is forecast to decrease slightly while minutes are expected to increase overall, causing total costs to increase through FY 2014-15 with the same trend continuing in FY 2015-16.

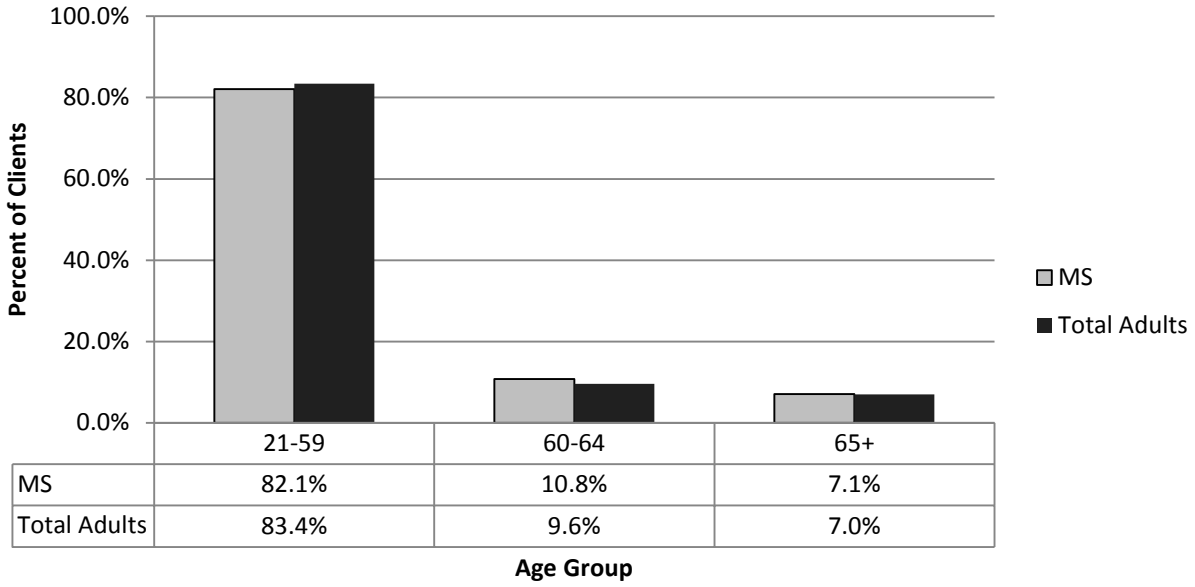
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 187,244,631	161,831
Actual	FY 2011-12	$ 193,190,642	164,176
Actual	FY 2012-13	$ 227,665,543	164,035
Actual	FY 2013-14	$ 237,073,957	163,196
Actual + Forecast	FY 2014-15	$ 242,736,363	163,603
Forecast	FY 2015-16	$ 252,913,968	163,514
Forecast	FY 2016-17	$ 263,091,573	163,422
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The Medication Support costs are expected to continue to increase through FY 2015-16 and FY 2016-17 while the clients stay pretty consistent.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

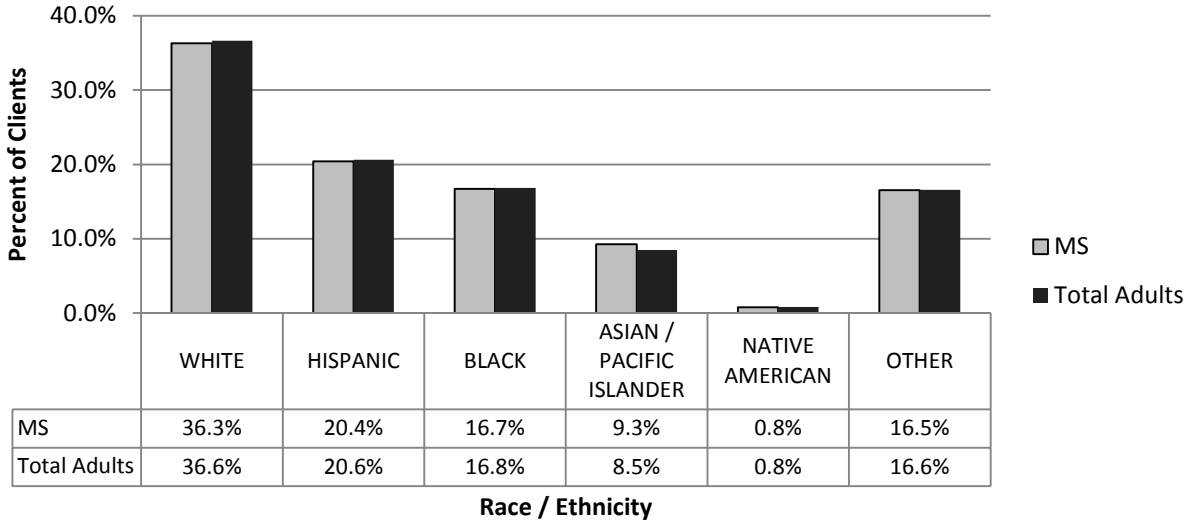
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 8a
ADULTS
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



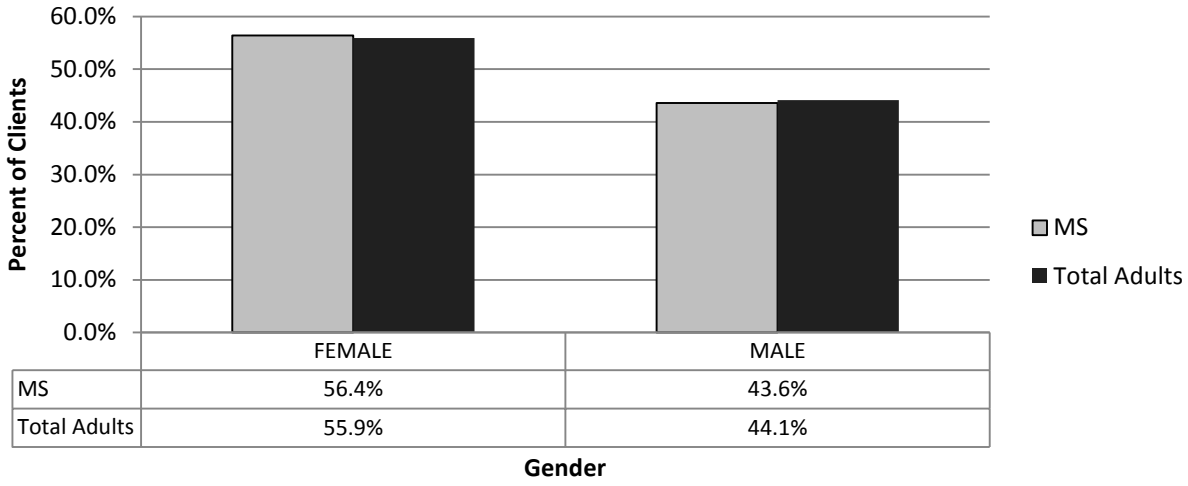
	21-59	60-64	65+
MS	82.1%	10.8%	7.1%
Total Adults	83.4%	9.6%	7.0%

Table 8b
ADULTS
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
MS	36.3%	20.4%	16.7%	9.3%	0.8%	16.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 8c
ADULTS
Clients Receiving Medication Support Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
MS	56.4%	43.6%
Total Adults	55.9%	44.1%

Table 8d
Other Services Received by Adults Receiving Medication Support Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
MEDICATION SUPPORT	163,196	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	117,451	71.97%
TARGETED CASE MANAGEMENT	77,934	47.75%
CRISIS INTERVENTION	19,053	11.67%
CRISIS STABILIZATION	13,600	8.33%
FFS-HOSPITAL INPATIENT	9,148	5.61%
HOSPITAL INPATIENT	4,285	2.63%
ADULT CRISIS RESIDENTIAL	3,991	2.45%
PHF	2,070	1.27%
ADULT RESIDENTIAL	965	0.59%
DAY TX REHABILITATIVE FULL DAY	652	0.40%
DAY TX REHABILITATIVE HALF DAY	264	0.16%
DAY TX INTENSIVE FULL DAY	2	0.00%

Service Metrics:

Table 8e
Adults
Medication Support
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	163,196
Mean	$ 1,453
Standard Deviation	$ 2,202
Median	$ 857
Mode	$ 709
Interquartile Range	$ 1,216

Quartile	Amount
100%	$ 73,640
99%	$ 10,180
95%	$ 4,775
90%	$ 3,150
75%	$ 1,618
50%	$ 857
25%	$ 402

Table 8f
Adults
Medication Support
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	163,196
Mean	287
Standard Deviation	421
Median	175
Mode	60
Interquartile Range	225

Quartile	Minutes
100%	13,882
99%	1,989
95%	920
90%	605
75%	315
50%	175
25%	90

Table 8g
Adults
Historical Trends
Medication Support by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	164,176	164,035	163,196	163,603
Number of Minutes	49,557,549	46,312,454	46,815,467	45,487,229
Minutes Per Client	302	282	287	278
Approved Amount	$193,190,642	$227,665,543	$237,073,957	$242,736,363

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Psychiatric Health Facility Services

Psychiatric Health Facility (PHF):
"Psychiatric Health Facility" means a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Hospital Inpatient".

Summary:
The forecast for Psychiatric Health Facility (PHF) Services shows an increase in the number of clients and total costs through FY 2014-15 and FY 2015-16.

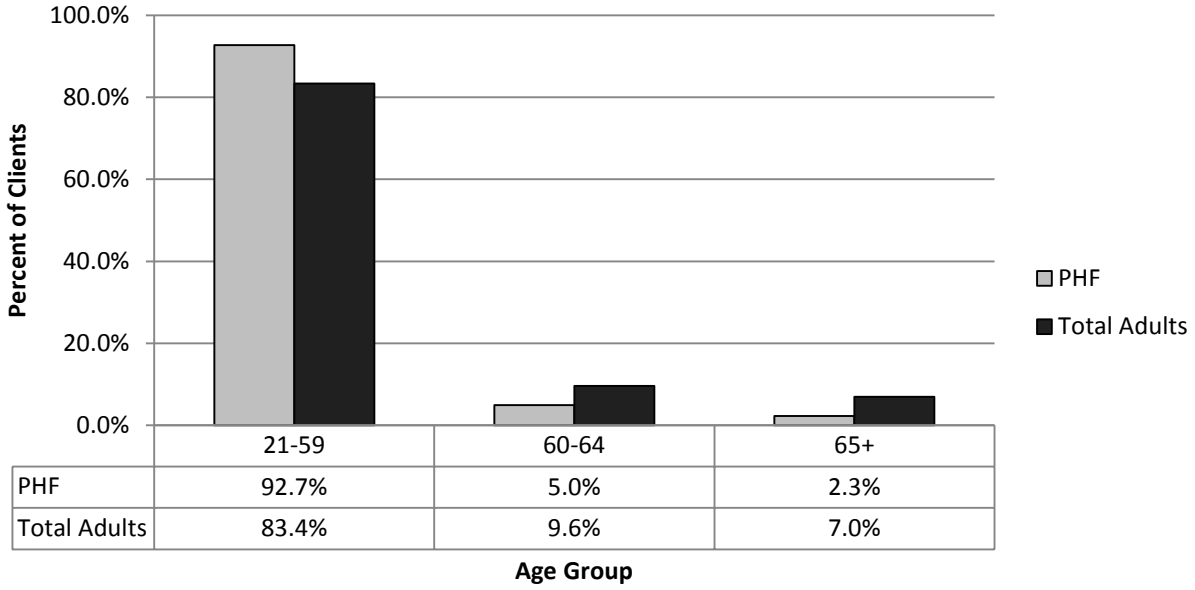
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 15,444,737	2,400
Actual	FY 2011-12	$ 17,395,902	2,732
Actual	FY 2012-13	$ 24,661,613	2900
Actual	FY 2013-14	$ 32,017,875	3,285
Actual + Forecast	FY 2014-15	$ 33,937,441	3,526
Forecast	FY 2015-16	$ 37,820,727	3,773
Forecast	FY 2016-17	$ 41,704,012	4,018
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The total annual costs are expected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

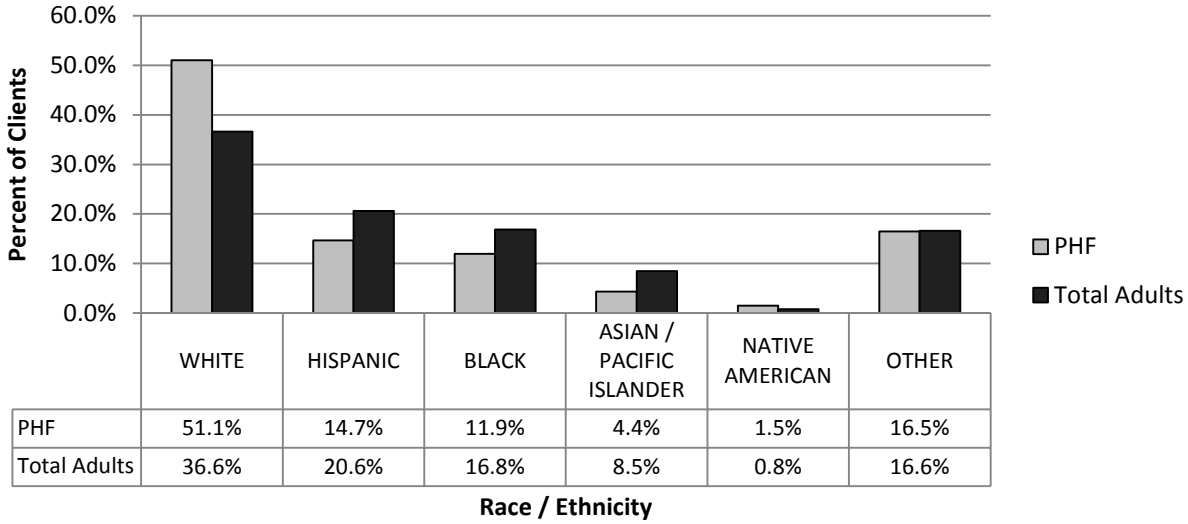
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 9a
ADULTS
Clients Receiving Psychiatric Health Facility Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



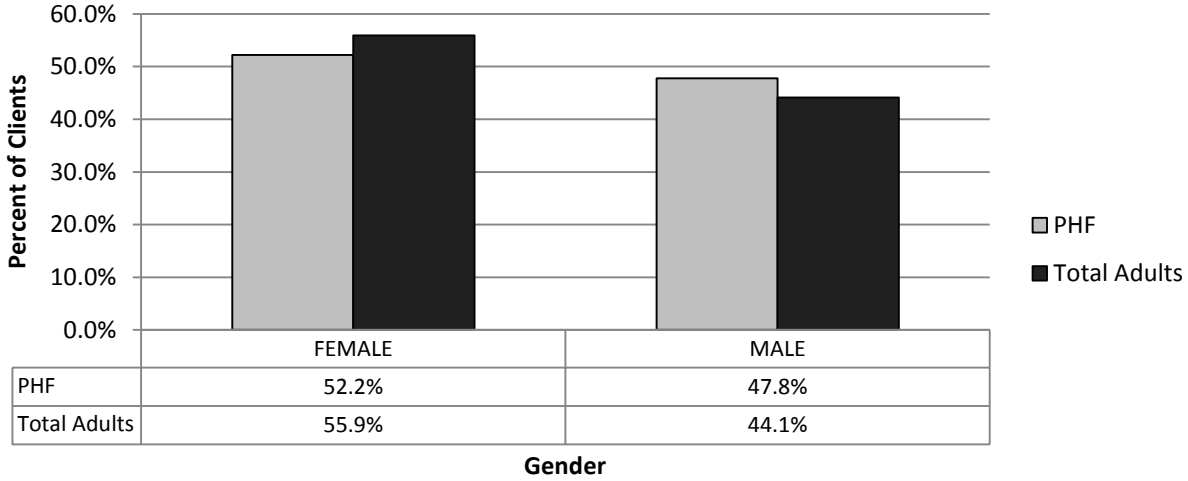
	21-59	60-64	65+
PHF	92.7%	5.0%	2.3%
Total Adults	83.4%	9.6%	7.0%

Table 9b
ADULTS
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
PHF	51.1%	14.7%	11.9%	4.4%	1.5%	16.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 9c
ADULTS
Clients Receiving Psychiatric Health Facility Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
PHF	52.2%	47.8%
Total Adults	55.9%	44.1%

Table 9d
Other Services Received by Adults Receiving Psychiatric Health Facility Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
PHF	3,285	100.00%
TARGETED CASE MANAGEMENT	2,100	63.93%
MEDICATION SUPPORT	2,070	63.01%
THERAPY AND OTHER SERVICE ACTIVITIES	2,067	62.92%
CRISIS INTERVENTION	1,816	55.28%
CRISIS STABILIZATION	1,743	53.06%
ADULT CRISIS RESIDENTIAL	448	13.64%
FFS-HOSPITAL INPATIENT	380	11.57%
ADULT RESIDENTIAL	107	3.26%
HOSPITAL INPATIENT	104	3.17%
DAY TX REHABILITATION FULL DAY	5	0.15%

Service Metrics:

Table 9e
Adults
PHF
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	3,285
Mean	$ 9,747
Standard Deviation	$ 14,956
Median	$ 4,672
Mode	$ 2,173
Interquartile Range	$ 8,499

Quartile	Amount
100%	$ 174,400
99%	$ 80,030
95%	$ 34,115
90%	$ 23,161
75%	$ 10,725
50%	$ 4,672
25%	$ 2,226

Table 9f
Adults
PHF
Fiscal Year 2013-14

Statistic	Days
Number of Clients	3,285
Mean	13
Standard Deviation	21
Median	6
Mode	2
Interquartile Range	11

Quartile	Days
100%	264
99%	106
95%	50
90%	32
75%	14
50%	6
25%	3

Table 9g
Adults
Historical Trends
Psychiatric Health Facility Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	2,732	2,900	3,285	3,526
Number of Days	29,859	37,871	43,446	45,668
Days Per Client	11	13	13	13
Approved Amount	17,395,902	$24,661,613	$32,017,875	$33,937,441

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:
Psychiatric hospital inpatient services include both acute psychiatric hospital inpatient services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Summary:
The forecast for Psychiatric Hospital Inpatient Services shows a slight decrease in clients and a small increase in cost, driven by an increase in the cost per day, through FY 2014-15 and FY 2015-16.

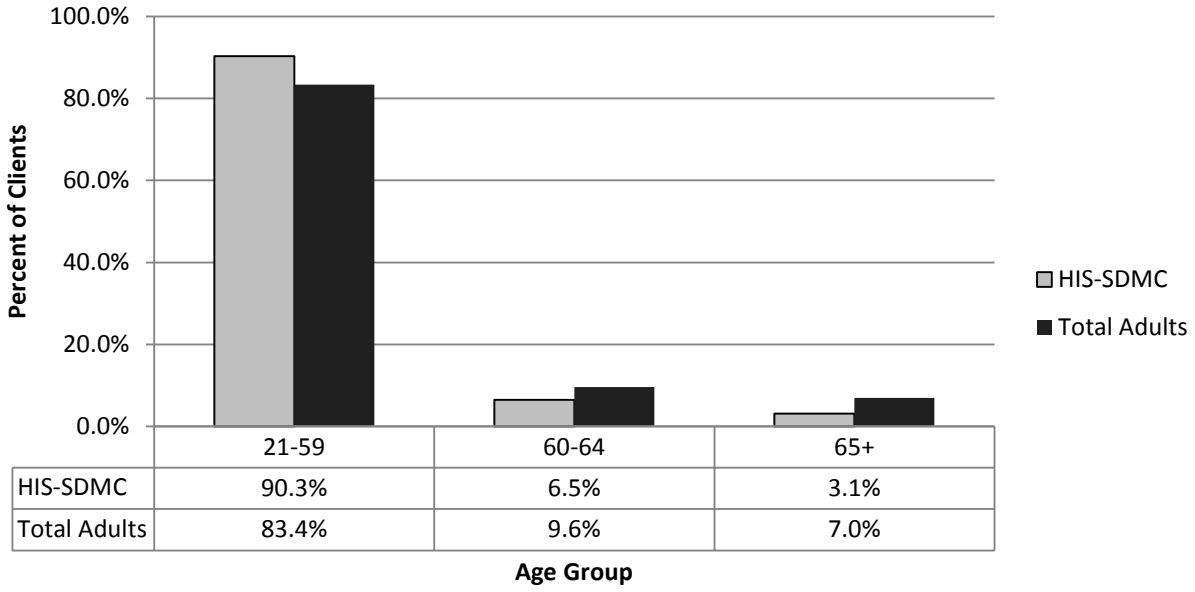
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 55,571,421	6,086
Actual	FY 2011-12	$ 55,203,798	6,222
Actual	FY 2012-13	$ 73,494,544	6,263
Actual	FY 2013-14	$ 83,523,881	6,109
Actual + Forecast	FY 2014-15	$ 103,030,245	6,610
Forecast	FY 2015-16	$ 112,312,038	6,677
Forecast	FY 2016-17	$ 121,593,825	6,742
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Psychiatric Hospital Inpatient Services for FY 2015-16 and FY 2016-17 are forecasted to continue to grow compared to the previous fiscal years.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

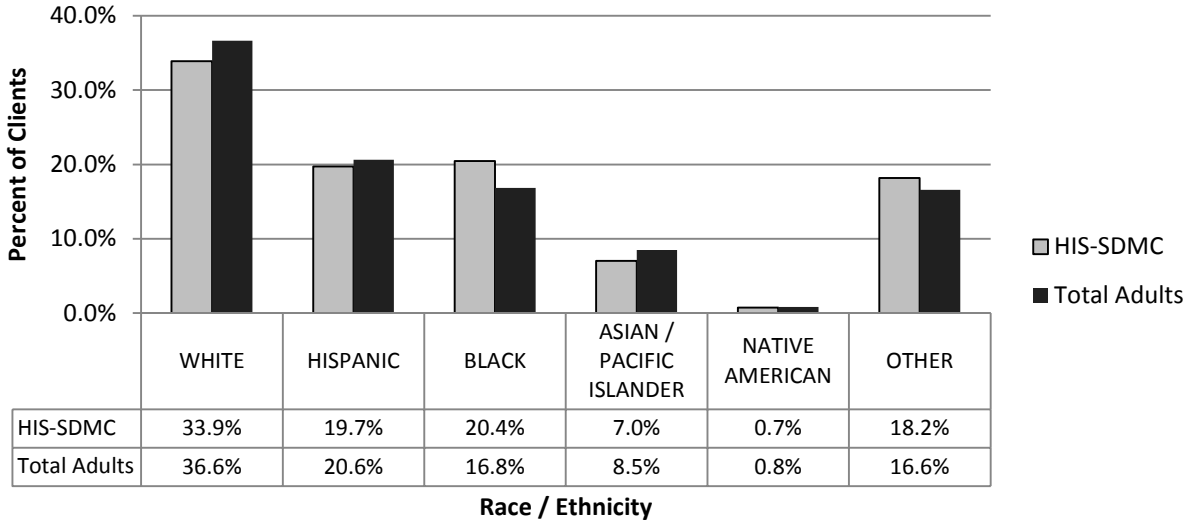
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 10a
ADULTS
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



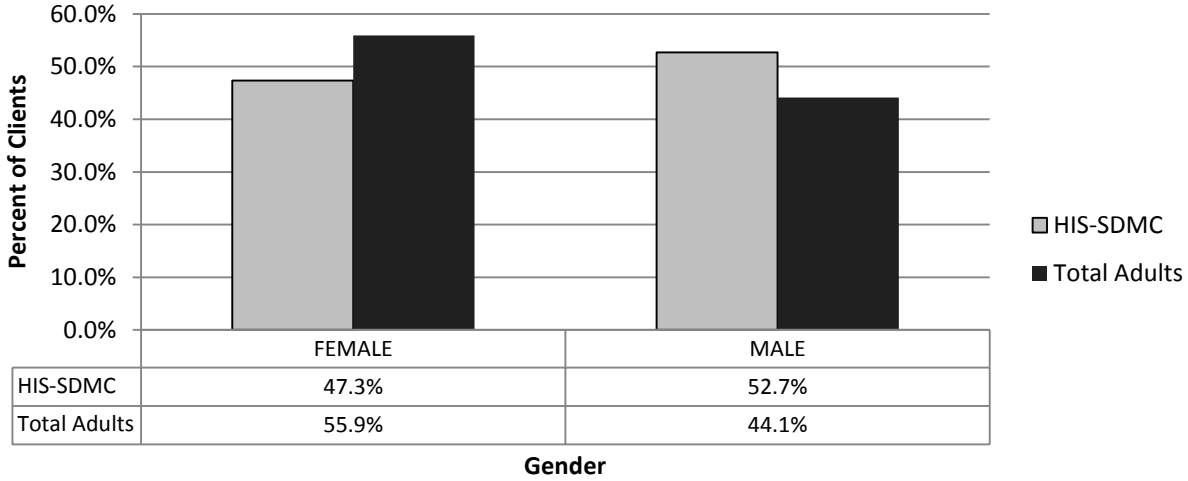
	21-59	60-64	65+
HIS-SDMC	90.3%	6.5%	3.1%
Total Adults	83.4%	9.6%	7.0%

Table 10b
ADULTS
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
HIS-SDMC	33.9%	19.7%	20.4%	7.0%	0.7%	18.2%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 10c
ADULTS
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
HIS-SDMC	47.3%	52.7%
Total Adults	55.9%	44.1%

Table 10d
Other Services Received by Adults Receiving Psychiatric Hospital Inpatient Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	6,109	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	4,376	71.63%
MEDICATION SUPPORT	4,285	70.14%
CRISIS STABILIZATION	3,951	64.68%
TARGETED CASE MANAGEMENT	2,993	48.99%
CRISIS INTERVENTION	2,926	47.90%
FFS-HOSPITAL INPATIENT	999	16.35%
ADULT CRISIS RESIDENTIAL	737	12.06%
ADULT RESIDENTIAL	172	2.82%
DAY TX REHABILITATIVE FULL DAY	147	2.41%
PHF	104	1.70%
DAY TX REHABILITATIVE HALF DAY	43	0.70%
DAY TX INTENSIVE FULL DAY	1	0.02%

Service Metrics:

Table 10e
Adults
Hospital Inpatient
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	6,109
Mean	$ 13,672
Standard Deviation	$ 20,631
Median	$ 6,871
Mode	$ 2,814
Interquartile Range	$ 12,156

Quartile	Amount
100%	$ 309,430
99%	$ 105,730
95%	$ 47,790
90%	$ 31,569
75%	$ 15,432
50%	$ 6,871
25%	$ 3,276

Table 10f
Adults
Hospital Inpatient-Adult
Fiscal Year 2013-14

Statistic	Days
Number of Clients	6,109
Mean	11
Standard Deviation	17
Median	5
Mode	2
Interquartile Range	10

Quartile	Days
100%	296
99%	82
95%	42
90%	27
75%	12
50%	5
25%	2

Table 10g
Adults
Historical Trends
Psychiatric Hospital Inpatient Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	6,222	6,263	6,109	6,610
Number of Days	68,775	66,400	66,607	75,814
Days Per Client	11	11	11	11
Approved Amount	$55,203,798	$73,494,544	$83,523,881	$103,030,245

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Targeted Case Management

Targeted Case Management (TCM):
Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Summary:
The forecast for Targeted Case Management Services shows a slight increase in cost and a small decrease in clients through FY 2014-15 and FY 2015-16.

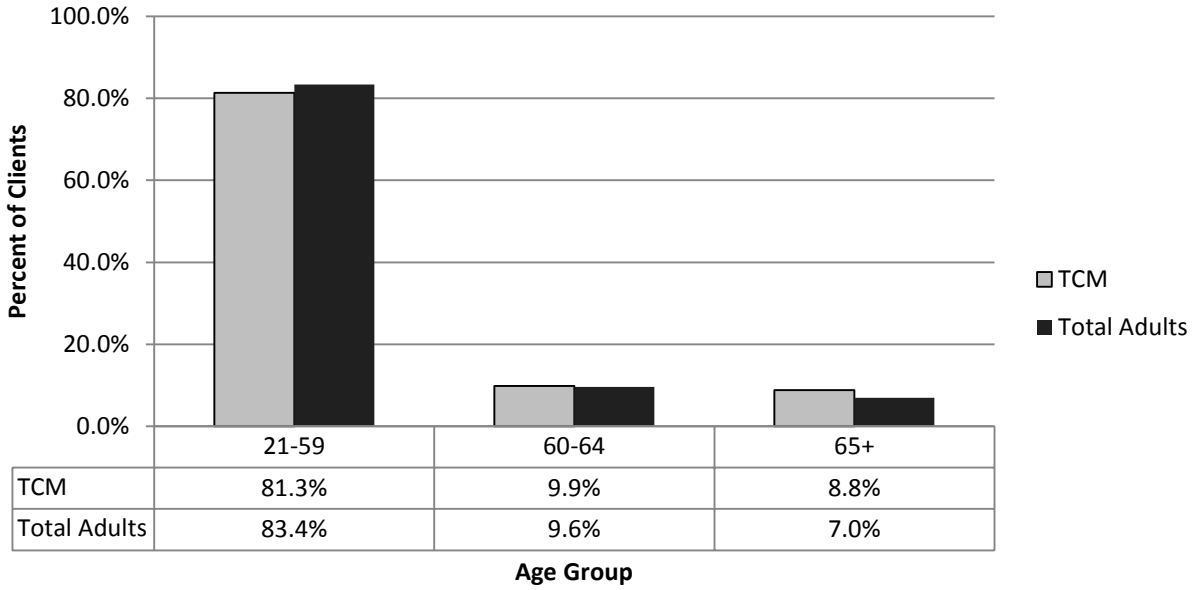
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 86,490,569	97,276
Actual	FY 2011-12	$ 84,929,254	97,262
Actual	FY 2012-13	$ 103,241,640	96,353
Actual	FY 2013-14	$ 102,738,488	96,715
Forecast	FY 2014-15	$ 102,299,156	95,831
Forecast	FY 2015-16	$ 104,354,704	94,762
Forecast	FY 2016-17	$ 106,410,246	93,693
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Targeted Case Management are forecast to be slightly higher through FY 2015-16 and FY 2016-17.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

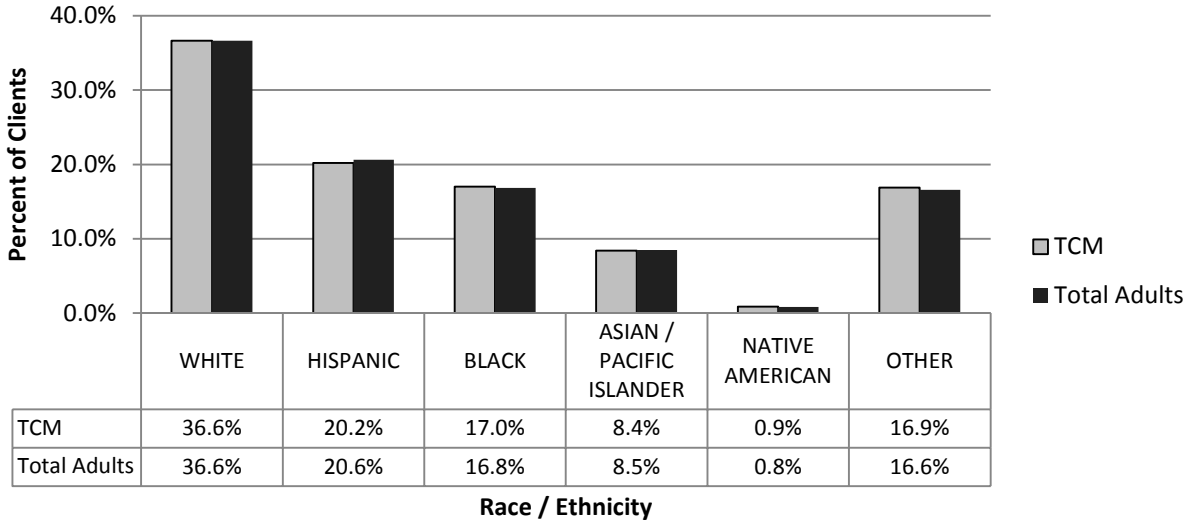
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 11a
ADULTS
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	21-59	60-64	65+
TCM	81.3%	9.9%	8.8%
Total Adults	83.4%	9.6%	7.0%

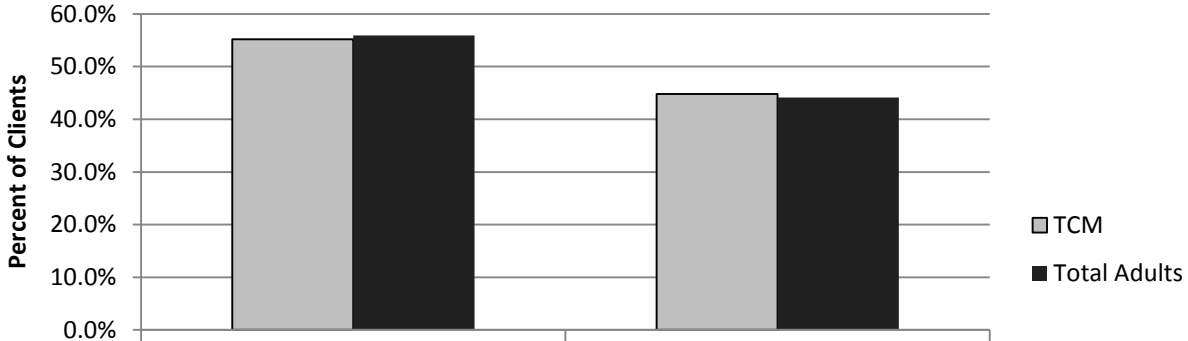
Table 11b
ADULTS
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
TCM	36.6%	20.2%	17.0%	8.4%	0.9%	16.9%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Race / Ethnicity

Table 11c
ADULTS
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
TCM	55.2%	44.8%
Total Adults	55.9%	44.1%

Gender

Table 11d
Other Services Received by Adults Receiving Targeted Case Management Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	96,715	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	84,441	87.31%
MEDICATION SUPPORT	77,934	80.58%
CRISIS INTERVENTION	16,565	17.13%
CRISIS STABILIZATION	10,588	10.95%
FFS-HOSPITAL INPATIENT	5,881	6.08%
ADULT CRISIS RESIDENTIAL	3,123	3.23%
HOSPITAL INPATIENT	2,993	3.09%
PHF	2,100	2.17%
ADULT RESIDENTIAL	1,029	1.06%
DAY TX REHABILITATIVE FULL DAY	654	0.68%
DAY TX REHABILITATIVE HALF DAY	248	0.26%
DAY TX INTENSIVE FULL DAY	2	0.00%

Service Metrics:

Table 11e
Adults
Targeted Case Management
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	96,715
Mean	$ 1,062
Standard Deviation	$ 2,243
Median	$ 323
Mode	$ 70
Interquartile Range	$ 877

Quartile	Amount
100%	$ 99,702
99%	$ 10,753
95%	$ 4,549
90%	$ 2,686
75%	$ 997
50%	$ 323
25%	$ 120

Table 11f
Adults
Targeted Case Management
Fiscal Year 2013-14

Statistic	Minutes
Number of Clients	96,715
Mean	438
Standard Deviation	850
Median	142
Mode	30
Interquartile Range	377

Quartile	Minutes
100%	27,620
99%	4,190
95%	1,893
90%	1,135
75%	431
50%	142
25%	54

Table 11g
Adults
Historical Trends
Targeted Case Management by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	97,262	96,353	96,715	95,831
Number of Minutes	48,811,490	42,662,383	42,388,603	41,834,828
Minutes Per Client	502	443	438	437
Approved Amount	$84,929,254	$103,241,640	$102,738,488	$102,299,156

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June30, 2015.

Adults

Therapy and Other Service Activities

Therapy and Other Service Activities (formerly referred to as Mental Health Services): Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral - A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution of use and expenditures of each service activity varies over time with changes in client needs.

Summary:
The forecast for Therapy and Other Service Activities dollars and clients shows growth primarily driven by an increase in the number of clients served beginning in FY 2011-12.

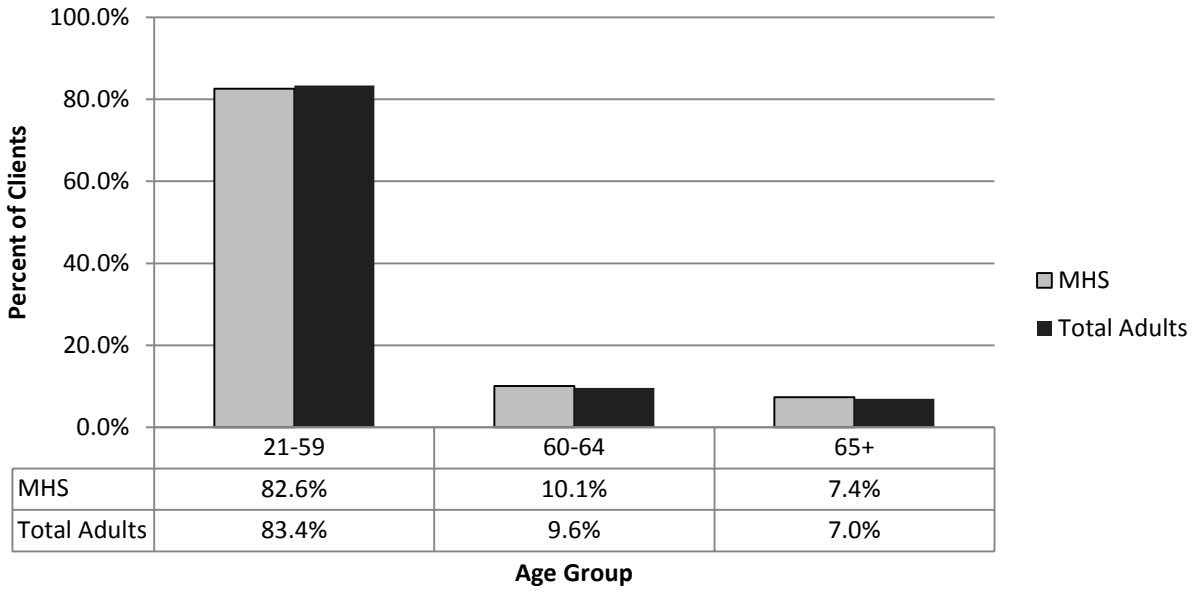
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 307,568,478	160,894
Actual	FY 2011-12	$ 325,875,206	166,117
Actual	FY 2012-13	$ 380,854,518	171,559
Actual + Forecast	FY 2013-14	$ 387,888,554	171,728
Forecast	FY 2014-15	$ 391,709,696	166,334
Forecast	FY 2015-16	$ 408,652,252	166,975
Forecast	FY 2016-17	$ 425,594,803	167,614
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Therapy and Other Service Activities are forecasted to increase through FY 2015-16 and 2016-17. Any potential effects of the Affordable Care Act on the forecast are not included due to the newness of the program and lack of claims data.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

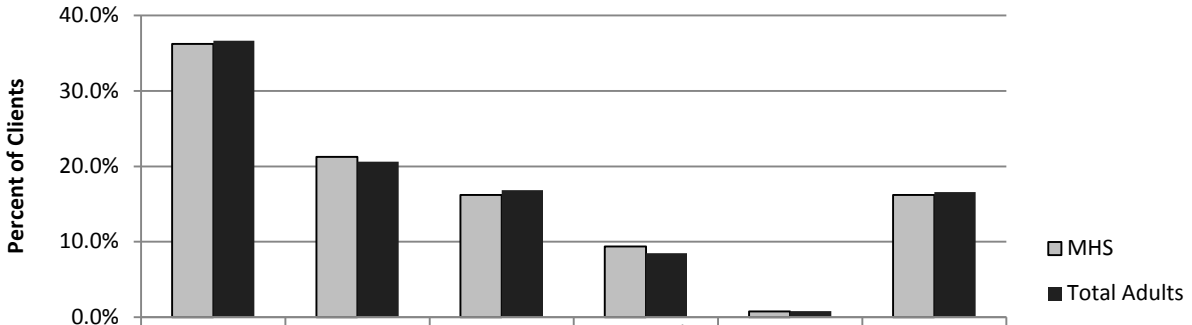
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 12a
ADULTS
Clients Receiving Therapy and Other Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	21-59	60-64	65+
MHS	82.6%	10.1%	7.4%
Total Adults	83.4%	9.6%	7.0%

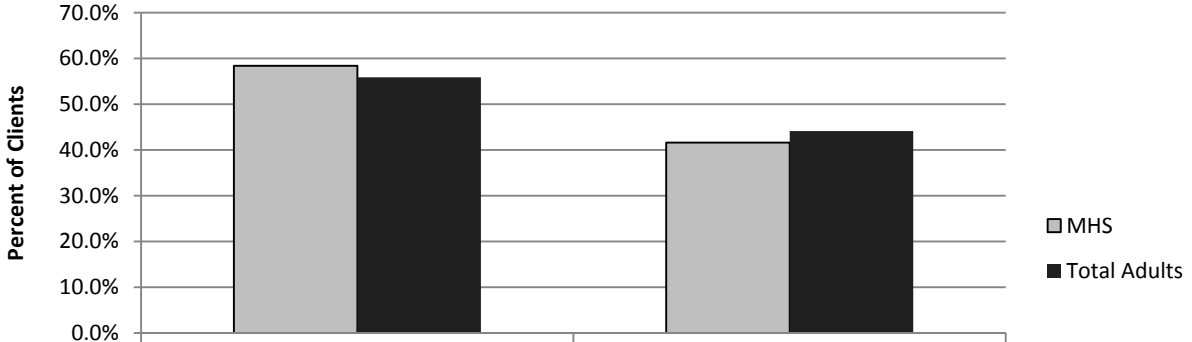
Table 12b
ADULTS
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
MHS	36.2%	21.2%	16.2%	9.4%	0.8%	16.2%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Race / Ethnicity

Table 12c
ADULTS
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
MHS	58.4%	41.6%
Total Adults	55.9%	44.1%

Gender

Table 12d

Other Services Received by Adults Receiving Therapy and other Service Activities

Fiscal Year 2013-14

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	171,728	100.00%
MEDICATION SUPPORT	117,451	68.39%
TARGETED CASE MANAGEMENT	84,441	49.17%
CRISIS INTERVENTION	20,023	11.66%
CRISIS STABILIZATION	14,555	8.48%
FFS-HOSPITAL INPATIENT	10,957	6.38%
HOSPITAL INPATIENT	4,376	2.55%
ADULT CRISIS RESIDENTIAL	3,409	1.99%
PHF	2,067	1.20%
ADULT RESIDENTIAL	1,036	0.60%
DAY TX REHABILITATIVE FULL DAY	650	0.38%
DAY TX REHABILITATIVE HALF DAY	274	0.16%
DAY TX INTENSIVE FULL DAY	3	0.00%

Service Metrics:

Table 12e
Adults
Mental Health Service
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	171,728	100%	$ 107,297
Mean	$ 2,259	99%	$ 20,023
Standard Deviation	$ 4,150	95%	$ 9,625
Median	$ 741	90%	$ 6,055
Mode	$ 53	75%	$ 2,314
Interquartile Range	$ 2,025	50%	$ 741
		25%	$ 290

Table 12f
Adults
Mental Health Service
Fiscal Year 2013-14

Statistic	Minutes	Quartile	Minutes
Number of Clients	171,728	100%	63,116
Mean	844	99%	7,406
Standard Deviation	1,588	95%	3,482
Median	300	90%	2,184
Mode	60	75%	870
Interquartile Range	750	50%	300
		25%	120

Table 12g
Adults
Historical Trends
Therapy and Other Service Activities by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	166,117	171,559	171,728	166,334
Number of Minutes	155,841,833	144,242,225	144,967,168	140,514,795
Minutes Per Client	938	841	844	845
Approved Amount	$325,875,206	$380,854,518	$387,888,554	$391,709,696

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.

Adults

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals:
Psychiatric hospital inpatient services include both acute psychiatric hospital inpatient services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals shows growth in costs through FY 2014-15 and FY 2015-16.

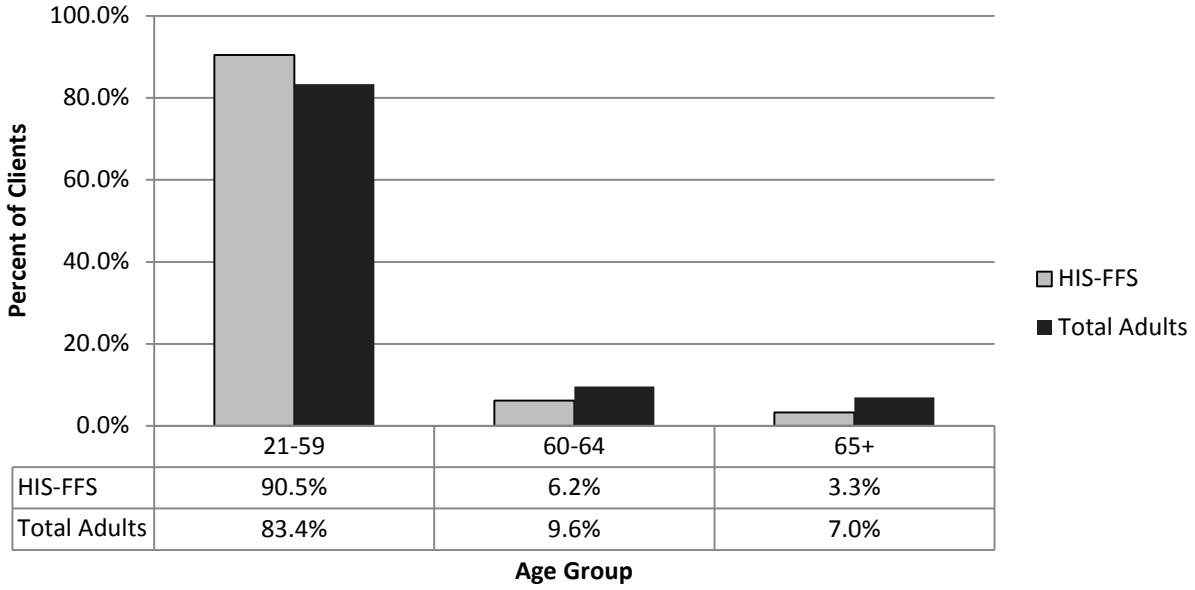
Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2010-11	$ 121,192,957	14,717
Actual	FY 2011-12	$ 131,494,115	14,216
Actual	FY 2012-13	$ 143,912,206	15,002
Actual	FY 2013-14	$ 134,808,167	13,859
Actual + Forecast	FY 2014-15	$ 138,642,658	14,049
Forecast	FY 2015-16	$ 142,955,637	13,940
Forecast	FY 2016-17	$ 147,268,617	13,830
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase with a slight decline in unique client counts through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

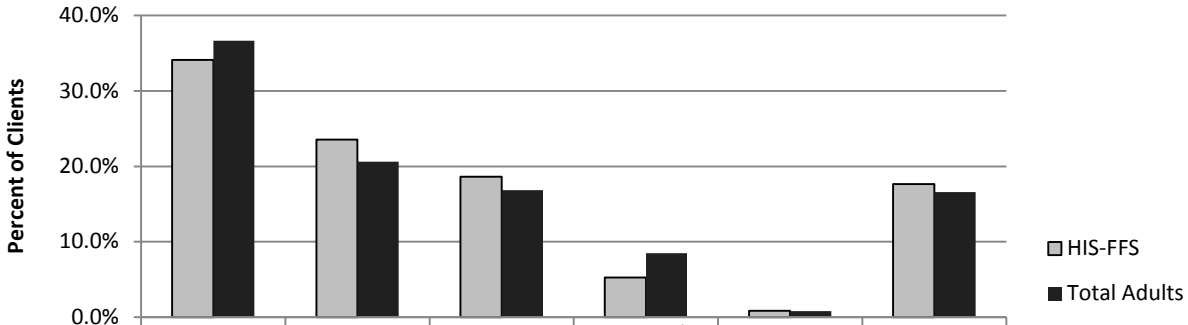
Note:
The following tables utilize data for FY 2012-2013. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 13a
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2013-2014
Data as of 6/30/2015



	21-59	60-64	65+
HIS-FFS	90.5%	6.2%	3.3%
Total Adults	83.4%	9.6%	7.0%

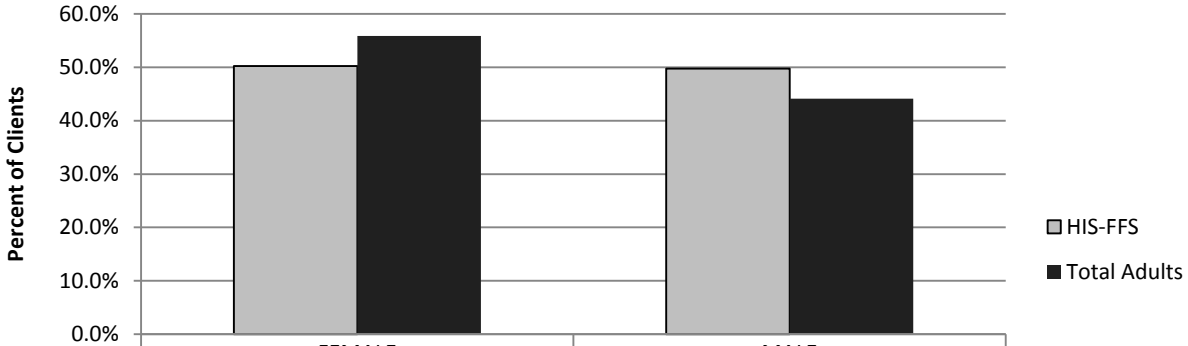
Table 13b
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2013-2014
Data as of 6/30/2015



	WHITE	HISPANIC	BLACK	ASIAN / PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
HIS-FFS	34.1%	23.5%	18.6%	5.2%	0.8%	17.6%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Race / Ethnicity

Table 13c
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2013-2014
Data as of 6/30/2015



	FEMALE	MALE
HIS-FFS	50.3%	49.7%
Total Adults	55.9%	44.1%

Gender

Table 13d
Other Services Received by Adults Receiving Fee for Service Psychiatric Hospital Inpatient Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	13,823	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,957	79.27%
MEDICATION SUPPORT	9,148	66.18%
TARGETED CASE MANAGEMENT	5,881	42.55%
CRISIS INTERVENTION	5,410	39.14%
CRISIS STABILIZATION	5,043	36.48%
ADULT CRISIS RESIDENTIAL	1,039	7.52%
HOSPITAL INPATIENT	999	7.23%
PHF	380	2.75%
ADULT RESIDENTIAL	120	0.87%
DAY TX REHABILITATIVE FULL DAY	49	0.35%
DAY TX REHABILITATIVE HALF DAY	16	0.12%

Service Metrics:

Table 13e
Adults
FFS-Hospital Inpatient
Fiscal Year 2013-14

Statistic	Amount
Number of Clients	13,823
Mean	$ 9,703
Standard Deviation	$ 17,060
Median	$ 4,184
Mode	$ 1,569
Interquartile Range	$ 7,845

Quartile	Amount
100%	$ 302,269
99%	$ 86,654
95%	$ 37,642
90%	$ 22,490
75%	$ 9,937
50%	$ 4,184
25%	$ 2,092

Table 13f
Adults
FFS-Hospital Inpatient-Adult
Fiscal Year 2013-14

Statistic	Days
Number of Clients	13,823
Mean	14
Standard Deviation	25
Median	6
Mode	3
Interquartile Range	11

Quartile	Days
100%	374
99%	124
95%	55
90%	33
75%	14
50%	6
25%	3

Table 13g
Adults
Historical Trends
Fee for Service Psychiatric Hospital Inpatient Services by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	14,216	15,002	13,859	14,049
Number of Days	210,866	219,641	197,577	196,510
Days Per Client	15	15	14	14
Approved Amount	$131,494,115	$143,912,206	$134,808,167	$138,642,658

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2015.